

SUPERVISOR SIGNATURE

						1		
LAST NAME			FIRST NAME			M.I.		
	DATE	IN	OUT	IN	OUT	HRS		
Sunday						0.00		
Monday						0.00	Regula	ar Hours
Tuesday						0.00		
Wednesday						0.00		
Thursday						0.00		
Friday						0.00	Overt	ime Hours
Saturday						0.00		
	DATE	IN	OUT	IN	OUT	HRS		
Sunday						0.00	Doub	eTime Hrs
Monday						0.00		
Tuesday						0.00		
Wednesday						0.00		
Thursday						0.00	Total Hours	
Friday						0.00		
Saturday						0.00		0.00
					Total Hours	0.00		
I hereby certify	that this emplo	yee's timesheet	is true and corre	ect for this time	period and reflect	ts the actual time	worked.	
I understand th	at it is my respo	onsibilty to notify	y FCCC's Coord	inator of any ch	anges.			
EMPLOYEE SIGNATURE					J L		DATE	

DATE

Pay Period						
Start						
End						

INSTRUCTIONS

- 1. Keep your own daily record of time and assignments.
- Check with your supervisor for instructions in preparing this form
- 3. Retain a copy of the timesheet for your records.
- 4. Complete all timesheets using Excel.
- Time enteries are recorded by typing HH:MM (A or P)
 HH is equal to Hour. MM is equal to Minutes
 A is A.M. P is P.M.
- 6. Reflect any meal breaks required for hours worked in excess of six (6) hours in one day.
- 7. Round hrs to the nearest quarter-hour(l.e. .15, .30, .45).
- 8. Record only one pay period per timesheet.
- 9. Supervisor must initial ALL changes.
- 10. Any overtime, or weekend or holiday worktime must be approved by your Supervisor in writing.
- 11. Forward any address changes to FCCC in writing.