

Arkansas State University Time Sheet

Department: _____

Pay Period: _____

Employee Name: _____

Social Security #: _____ - _____ - _____

Day of Week	AM		PM		Reg Hours	OT Hours	Hours of Leave Taken		Total Hours	Remarks/Reason
	Start	End	Start	End			Vac	Sick		
Sat										
Sun										
Mon										
Tues										
Wed										
Thurs										
Fri										
TOTAL										

Day of Week	AM		PM		Reg Hours	OT Hours	Hours of Leave Taken		Total Hours	Remarks/Reason
	Start	End	Start	End			Vac	Sick		
Sat										
Sun										
Mon										
Tues										
Wed										
Thurs										
Fri										
TOTAL										

I certify that the hours shown on this sheet are the true hours worked satisfactorily this period.

Employee Signature: _____

Supervisor Signature: _____