

ILLINOIS VALLEY COMMUNITY COLLEGE

-Employee Time Sheet-

EMPLOYEE: _____

Colleague ID # _____

JOB TITLE: _____

Account Number _____

PAY PERIOD: From: _____ To: _____ (Refer to Payroll Schedule for correct dates, or check with your Supervisor)

TIME MUST BE ENTERED IN QUARTER HOUR INCREMENTS (ex. 8:00, 8:15, 8:30, 8:45)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Week #1 Total Hrs	
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____		
Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____		
End: _____	End: _____	End: _____	End: _____	End: _____	End: _____	End: _____		
Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____		
End: _____	End: _____	End: _____	End: _____	End: _____	End: _____	End: _____		
Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____		
End: _____	End: _____	End: _____	End: _____	End: _____	End: _____	End: _____		
Total Hrs: 0.00	Total Hrs: 0.00	Total Hrs: 0.00	Total Hrs: 0.00	Total Hrs: 0.00	Total Hrs: 0.00	Total Hrs: 0.00		
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		Week #2 Total Hrs
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____		
Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____		
End: _____	End: _____	End: _____	End: _____	End: _____	End: _____	End: _____		
Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____		
End: _____	End: _____	End: _____	End: _____	End: _____	End: _____	End: _____		
Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____		
End: _____	End: _____	End: _____	End: _____	End: _____	End: _____	End: _____		
Total Hrs: 0.00	Total Hrs: 0.00	Total Hrs: 0.00	Total Hrs: 0.00	Total Hrs: 0.00	Total Hrs: 0.00	Total Hrs: 0.00		

I. EMPLOYEE: I affirm that the hours I have reported on this Time Sheet reflect work I have performed.

Employee Signature: _____ Date: _____

II. SUPERVISOR APPROVAL: I have verified that the hours worked by this employee correspond to this Time Sheet data, and that the work was performed in a satisfactory manner. I certify that this employee has not submitted any of these hours on a previous Time Sheet.

Hours worked: Total Regular-Time Hours: _____ 0.00
 Total Over-Time Hours: _____ 0.00
 Total Double-Time Hours: _____
 Part-Time Staff: Holiday Hours: _____
 PTO Hours: _____

Date: _____

Enter afternoon or evening hours
 as military time.
 Formatting will change it to
 the appropriate hours.

Supervisor Signature: _____ Date: _____