

Temporary Service Time Sheet

Name _____ Line # (Office Use Only) _____

Work Location _____ Social Security # (last 4 digits only) _____

Time Period From _____ to _____

Date	Day	In	Out	In	Out	# Hours per day
	Sat.					
	Sun.					
	Mon.					
	Tues.					
	Wed.					
	Thurs.					
	Fri.					

	Sat.					
	Sun.					
	Mon.					
	Tues.					
	Wed.					
	Thurs.					
	Fri.					
					Total	

I certify that the time reported is true and correct.
 Employee Signature _____ Date _____

I hereby certify that the hours and days indicated above represent time worked by the employee.
 Supervisor Signature _____ Date _____

Supervisor should return this sheet directly to the Human Resources Office.