

South Central Human Resource Agency Time Sheet

Employee Name: _____

Pay Period Begin End

Program Code: _____

Date ____/____/____ ____/____/____

Date	Work Hours	Holiday	Leave Hours	Sick	Vacation
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Week 1 Total	0.00	0.00	0.00	0.00	0.00
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Week 2 Total	0.00	0.00	0.00	0.00	0.00
Grand Total	0.00	0.00	0.00	0.00	0.00

I certify that hours recorded are accurate and true. I understand that falsifying timesheet information is fraud and may result in immediate dismissal.

Employee Signature _____ Date _____

Supervisor Approval: _____ Date _____