

Weekly Time Sheet

Employee Name:
Program:
Program:

Rate of Pay:
Status: (Full Time/Part Time/Contract)
Payroll Period: From _____ to _____

Beginning Payroll Date	Start Time	End Time	Regular Hours	Total Hours*	Rate of Pay	Gross Pay
TOTAL HOURS FOR WEEK						

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Deductions:

Gross Salary	\$ _____
W/H Tax	\$ _____
FICA Tax	\$ _____
Other Deductions	\$ _____
Net Pay	\$ _____

Check No./Date _____ / _____

*Please make sure the above information is correct.