College of Southern Nevada
Handwritten Time Sheet

Employee Name_____ **Employee ID:** _____**Total Hours:**_____
Last **First**

Account Number: _____ **Department:** _____ **Pay Rate:** _____

Contact person for problems and/or questions regarding timesheets: _____ **Telephone:** _____

Pay Period Dates From: _____/_____/_____ To: _____/_____/_____

Work periods of MORE THAN SIX HOURS have to reflect at least 30 minutes of unpaid lunch break

Show Lunch Periods For Each Day Worked. Do Not Add Lunch In With Total Hours Worked

Date	From	To	Lunch	Total	Date	From	To	Lunch	Total
24					9				
25					10				
26					11				
27					12				
28					13				
29					14				
30					15				
31					16				
1					17				
2					18				
3					19				
4					20				
5					21				
6					22				
7					23				
8							Total Hours		
		Total Hours							

I certify that I have worked all the hours listed above_____ _____
Employee Signature **Date**

I certify the above named employee worked the hours shown, all calculations and totals are correct and that the work was performed in a satisfactory manner.

_____ _____ _____
Supervisor's Signature **Date** **Supervisor's Print Name**