



**DIVISION OF:**

**TIME SHEET**

WEEK OF:

P. O. Box  
 JSU Phone: 601-

EMPLOYEE NAME:	TITLE:
EMPLOYEE NUMBER: #J	STATUS: NON-EXEMPT
DEPARTMENT:	SUPERVISOR:

Date	Time In	Time Out	Time In	Time Out	Regular hours	Overtime - Comp hours	Total Hours
<b>WEEKLY TOTALS:</b>							

EMPLOYEE SIGNATURE:	DATE:
SUPERVISOR SIGNATURE:	DATE: