

**MONTHLY TIMESHEET**

EMPLOYEE NAME: \_\_\_\_\_

DEPT# : \_\_\_\_\_

LOCATION : \_\_\_\_\_

Pay Period Month & Year: \_\_\_\_\_

POSITION: \_\_\_\_\_

Date of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		TOTAL
Day of Month																	
TIME IN																	
LUNCH-OUT																	
LUNCH-IN																	
TIME OUT																	
TOTAL HOURS																	
PAGER/ON-CALL																	
CALL BACK HRS																	

Date of Month	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
Day of Month																	
TIME IN																	
LUNCH-OUT																	
LUNCH-IN																	
TIME OUT																	
TOTAL HOURS																	
PAGER/ON-CALL																	
CALL BACK HRS																	

**TOTAL HOURS for MONTH**

Comments \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_

SUPERVISOR'S/GOVERNMENT'S APPROVAL \_\_\_\_\_

**PLEASE FAX SIGNED TIMESHEET TO 1-877-213-1510 BY THE 1ST OF EACH MONTH FOR THE PRIOR MONTH'S WORK COMPLETED.**

**Timesheets must be received no later that the first of each month.**

**You will be paid on the 15th of each month for hours worked in the prior month.**