RESA 5
HOURLY TIME SHEET

NAME: _____ **EMPLOYEE #:** _____

DESCRIPTION OF DUTIES: _____

REPORTING PERIOD   FROM: _____ **TO:** _____

TIME WORKED				
Day of Week S M T W TH F SAT	**Date**	**Begin Time**	**End Time**	**Hours**
Total Hours Worked				
Hourly Rate – dependent upon duties and/or job posting				$
TOTAL PAY				$

I certify that the above time record is a true, accurate, and complete statement of the hours worked during the workweek(s) designated above.

_____   _____
Employee's Signature   Date   Immediate Supervisor   Date

ACCOUNT CODE _____