



Employee Time-Sheet (HR-16.4)

Name _____

Please print clearly

Department _____

PLEASE RETURN TO PAYROLL BY THE 1st!

Month	Date	Time Worked				Total
		Start Time	End Time	Start Time	End Time	
	16					
	17					
	18					
	19					
	20					
	21					
	22					
	23					
	24					
	25					
	26					
	27					
	28					
	29					
	30					
	31					

Please indicate with a V(Vacation) or S(Sick) if you are taking personal time off along with the number of hours

Total Regular Hours
Total Vacation Hours
Total Sick Hours

According to WV state law, any work period over 6 hours must show a minimum 30 minute meal break.

Grand Total Hours

This pay period WILL BE PAID ON THE 5th of the following month.
 (If the 5th falls on a weekend or holiday, pay will be issued the business day before)

Employee Signature _____

Date _____

Supervisor's Signature _____

Date _____