

Town of Ashby

Dept. _____

Hourly Payroll Time Sheet

FULL TIME ()
PART TIME ()

Employee Name _____

Employee Signature / Date _____

Supervisor Approval _____

PERIOD	
From: _____	To: _____
Account #: _____	

<u>Activity Codes</u>

DATE:	Start Time	End Time	Reg. Hours	OT Hrs.	Total Hours	Notes:
-------	------------	----------	------------	---------	-------------	--------

Week # 1 Use AM / PM Format (Add Reg & OT)

____/____/____						
____/____/____						
____/____/____						
____/____/____						
____/____/____						
____/____/____						
____/____/____						
____/____/____						
____/____/____						
____/____/____						
____/____/____						
____/____/____						
____/____/____						
Week #1 Total =====>						

Week # 2

____/____/____						
____/____/____						
____/____/____						
____/____/____						
____/____/____						
____/____/____						
____/____/____						
____/____/____						
____/____/____						
____/____/____						
____/____/____						
____/____/____						
____/____/____						
Week #2 Total =====>						

PRIOR PERIOD PAY ADJUSTMENTS:

Date	Start Time	End Time	Reg. Hours	OT Hrs.	Total Hours	Explanation & Approved by:
____/____/____						
____/____/____						
____/____/____						
Prior Period Total =====>						

Notes: _____