

ROMAN CATHOLIC DIOCESE TIME SHEET
NON-EXEMPT HOURLY

NAME: _____

(on lines completed, be sure to fill in all columns)

	DATE	TIME IN	TIME OUT	LUNCH		TOTAL	COMMENT*
				OUT	IN		
MON							
TUES							
WED							
THURS							
FRI							
SAT							
SUN							
MON							
TUES							
WED							
THURS							
FRI							
SAT							
SUN							
MON							
TUES							
WED							
THURS							
FRI							
SAT							
SUN							

TOTAL HOURS FOR PAY PERIOD _____

SIGNATURE OF EMPLOYEE

SIGNATURE OF SUPERVISOR

* V=VACATION, S=SICK, R=REGULAR, H=HOLIDAY, O=OTHER

SICK/PERSONAL DAYS

Number carried forward _____
 Less number used this period _____
 Plus number earned this period _____
 Number available at month end _____

VACATION DAYS

Number carried forward _____
 Less number used this period _____
 Plus number earned this period _____
 Number available at month end _____

OVERTIME MUST BE APPROVED IN ADVANCE BY SUPERVISOR