



**CLAFLIN UNIVERSITY**  
**EMPLOYEE TIMESHEETS**

PAYPERIOD \_\_\_\_\_

PAY RATE \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ DEPARTMENT ACCOUNT NO. \_\_\_\_\_

EMPLOYEE \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

DAY	DATE	START TIME	FINISH TIME	LESS LUNCH	DAILY TOTAL
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
EMPLOYEE SIGNATURE				TOTAL TIME	

DAY	DATE	START TIME	FINISH TIME	LESS LUNCH	DAILY TOTAL
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
EMPLOYEE SIGNATURE				TOTAL TIME	

TOTAL TIME SUMMARY	STRAIGHT TIME		OVER TIME	
	Hrs	Hrs	Hrs	Hrs

DEPARTMENT HEAD'S NAME \_\_\_\_\_  
Printed

DEPARTMENT HEAD'S NAME \_\_\_\_\_  
Signature