TIME SHEET
ECONOMIC SECURITY CORPORATION OF SOUTHWEST AREA

Section 1

EMPLOYEE NAME: _____ PAY PERIOD ENDING: _____

SOCIAL SECURITY NO. _____ JOB LOCATION: _____

DEPARTMENT: _____ JOB TITLE(S): _____

Section 2	S	M	T	W	T	F	S	S	M	T	W	T	F	S	TOTAL
Date															
Programs															
TOTAL HOURS															

Section 3	S	M	T	W	T	F	S	S	M	T	W	T	F	S	TOTAL
HOURS WORKED															
SICK LEAVE															
ANNUAL LEAVE(VACATION)															
OTHER LEAVE															
HOLIDAY															
LEAVE WITHOUT PAY															
DAY OF CHOICE															
TOTAL HOURS															

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

To be completed by Office Staff:
TOTAL HOURS PAID: _____

Local Mileage & Per Diem amount from back page (this must be filled in by employee in order to be paid)

Program	Amount	Program	Amount
	$		$
	$		$
	$		$

TOTAL $ -

1) You must complete Section 2 by listing all of the programs that your time will be charged to (get instructions from your supervisor).
2) Total hours in Section 2 & 3 must be the same (unless you are an exempt employee).
3) Time sheets must be received by the Joplin central office by 10:00 AM the Monday following the end of the pay period.
4) If you have local travel and/or per diem, complete the back of the page and enter the separate totals above.