

USMF FOUNDATION

SERVING THE UNIVERSITY SYSTEM OF MARYLAND

EMPLOYEE TIME SHEET

Employee Name: _____ Department #: _____

Pay Period Begin: _____ Pay Period End: _____

NOTE: All entries must be either in ink or typed (no whiteout accepted). Enter the number of hours and minutes worked. Total time in whole and quarter hours, (i.e. 1; 1 ¼; 1 ½).

DAY	DATE	ARRIVE	DEPART	R	H	V	S	P	O
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Total Hours (Week 1):									
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Total Hours (Week 2):									
GRAND TOTALS:									

Employee Signature: _____

Supervisor Signature: _____

R for regular hours worked
 V for vacation
 H for holiday
 S for sick leave
 P for personal
 O for other (identify) _____