

JCBS TIMESHHEET

Employee Name: _____

Month: _____

PAY PERIOD: _____ TO _____

Monday ____	Tuesday ____	Wednesday ____	Thursday ____	Friday ____	Saturday ____	Sunday ____

Monday ____	Tuesday ____	Wednesday ____	Thursday ____	Friday ____	Saturday ____	Sunday ____

I certify that the reported time is correct.

Employee Signature _____

NOTES:

OFFICE USE ONLY

REGULAR HOURS	
OVERTIME HOURS	
HOLIDAY HOURS	
HOLIDAY WORKED	

PERSONAL LEAVE	
VACATION LEAVE	

Supervisor's Signature