

United Cerebral Palsy

Week Ending Saturday

	Month	Day	Year	
Day	Start	Finish	Lunch	Total Hours
Sun				
Mon				
Tues				
Wed				
Thur				
Fri				
Sat				

Total Hours
Do Not Include Lunch Time

Week Ending Saturday

	Month	Day	Year	
Day	Start	Finish	Lunch	Total Hours
Sun				
Mon				
Tues				
Wed				
Thur				
Fri				
Sat				

Total Hours
Do Not Include Lunch Time

TOTAL HOURS WORKED
FOR THE PAY PERIOD

Vacation _____
Sick _____
Jury Duty _____
Personal Day _____
Leave Without Pay _____

TOTAL HOURS _____

I certify that I have worked the hours listed on this time sheet.

Employee's Signature

Supervisor's Signature