

TELLER COUNTY WEEKLY TIME SHEET

EMPLOYEE: _____
 (As shown on Payroll records)

WEEK ENDING: _____

DEPARTMENT: _____

Day of Week	DATE	MORNING		AFTERNOON		OTHER		TOTAL HRS WORKED		NOTES/ EXPLANATION
		IN	OUT	IN	OUT	IN	OUT	REG	OT	
SUN										
MON										
TUE										
WED										
THUR										
FRI										
SAT										
TOTAL										

Employee Signature: _____

DATE: _____

Authorization Signature _____

DATE: _____

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