# FACILITIES TIMESHEET

EMPLOYEE NAME    -    -    -

BANNER ID

WEEK ENDING

WEEK ENDING

| DAY | HOURS WORKED | OTHER HOURS HOURS | PAY CODE | DAY | HOURS WORKED | OTHER HOURS HOURS | PAY CODE |
|---|---|---|---|---|---|---|---|
| SAT | | | | SAT | | | |
| SUN | | | | SUN | | | |
| MON | | | | MON | | | |
| TUE | | | | TUE | | | |
| WED | | | | WED | | | |
| THU | | | | THU | | | |
| FRI | | | | FRI | | | |
| Total Hours | 0.00 | 0.00 | | Total Hours | 0.00 | 0.00 | |

*PAY CODES
HOL-HOLIDAY      FUN-BEREAVEMENT
SIC-SICK      PER-PERSONAL
VAC-VACATION      DOC-UNPAID LEAVE
ADC-ADMINISTRATIVE CLOSE

EMPLOYEE SIGNATURE      DATE

SUPERVISOR'S SIGNATURE      DATE