

MARK APPROPRIATE CLASSIFICATION:

\_\_\_\_\_ HOURLY

\_\_\_\_\_ SALARY Appendix F

EMPLOYEE I.D. #: \_\_\_\_\_ BEVILL STATE COMMUNITY COLLEGE

NAME \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

DATE	DAY	START	END	START	END	REG HOURS	O.T. HOURS	SICK LEAVE	PERSONAL LEAVE	ANNUAL LEAVE
	SU									
	MO									
	TU									
	WE									
	TH									
	FR									
	SA									

TOTAL \_\_\_\_\_

DATE	DAY	START	END	START	END	REG HOURS	O.T. HOURS	SICK LEAVE	PERSONAL LEAVE	ANNUAL LEAVE
	SU									
	MO									
	TU									
	WE									
	TH									
	FR									
	SA									

TOTAL \_\_\_\_\_

DATE	DAY	START	END	START	END	REG HOURS	O.T. HOURS	SICK LEAVE	PERSONAL LEAVE	ANNUAL LEAVE
	SU									
	MO									
	TU									
	WE									
	TH									
	FR									
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	SU									
	MO									
	TU									
	WE									
	TH									
	FR									
	SA									

TOTAL \_\_\_\_\_

GRAND TOTAL \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

TIME SHEETS MUST BE TURNED IN BY THE 15TH OF THE MONTH TO RECEIVE PAY.