

**Whitesburg Baptist Church
Time Sheet**

Employee Name: _____
 Work Area: _____
 Payroll Period ending _____

I attest that the hours charged are true and accurate.
 Signature of Employee _____
 Approval of Supervisor: _____
 Authorization of Overtime: _____
 Reason for Overtime: _____

This time sheet must be personally filled out and signed by employee. No person is permitted to work overtime without first obtaining prior authorization.

Saturday / /			Sunday / /			Monday / /			Tuesday / /			Wednesday / /			Thursday / /			Friday / /		
Code	IN	OUT	Code	IN	OUT	Code	IN	OUT	Code	IN	OUT	Code	IN	OUT	Code	IN	OUT	Code	IN	OUT
TOTAL			TOTAL			TOTAL			TOTAL			TOTAL			TOTAL			TOTAL		

Week One R= _____ O= _____ S= _____ H= _____ V= _____ Other _____

Saturday / /			Sunday / /			Monday / /			Tuesday / /			Wednesday / /			Thursday / /			Friday / /		
Code	IN	OUT	Code	IN	OUT	Code	IN	OUT	Code	IN	OUT	Code	IN	OUT	Code	IN	OUT	Code	IN	OUT
TOTAL			TOTAL			TOTAL			TOTAL			TOTAL			TOTAL			TOTAL		

Week Two R= _____ O= _____ S= _____ H= _____ V= _____ Other _____

Total Hours	
Regular Hours	_____
Overtime Hours	_____
Sick Hours	_____
Holiday Hours	_____
Vacation Hours	_____
Other Hours	_____
Total Hours	_____

Hours Code Key		
R	Regular	
H	Holiday	
V	Vacation	
C	Revival/Conference	
S	Sickness	
F	Family Death	
J	Jury Duty	
LOA	Leave of Absence	
LWOP	Leave Without Pay	
Time Code Key		
15	minutes	.25

30	minutes	.50
45	minutes	.75

Vacation Time Remaining	_____
Sick Leave Remaining	_____