

**Timesheet #5**

**Week Of:** 02-18-2018

**Employee Name** Ward,David

**Employee Status** Non-Exempt

**Clock in/clock outs**

Add Clock In/Clock Out

Timesheet - Week Of:	Timesheet - Funder - Employee - Name	Date	Time In	Time Out	Total Hours Worked	Lunch	Holiday	PTO	Other	Other Type	Grant A Hrs	Grant B Hrs	Grant C Hrs	Grant D Hrs	GenOp Hrs	FundR Hrs
02-18-2018	Ward,David	02-20-2018	9:00 am	5:30 pm	8.50	0.50					4.25	4.25	0	0	0.00	0
02-18-2018	Ward,David	02-21-2018							8	Unpaid Leave of Absence						
02-18-2018	Ward,David	02-22-2018	9:00 am	5:30 pm	8.50	0.50					4.25	4.25	0	0	0.00	0
02-18-2018	Ward,David	02-22-2018	9:00 am	5:00 pm	8.00	0.50					4.00	4	0	0	0.00	0
02-18-2018	Ward,David	02-23-2018	7:00 am	8:00 pm	13.00	0.50					6.50	6.5	0	0	0.00	0
02-18-2018	Ward,David	02-24-2018	9:00 am	5:00 pm	8.00	0.50					4.00	4	0	0	0.00	0
<b>TOT</b>					<b>46.00</b>	<b>2.50</b>		<b>0</b>	<b>0</b>	<b>8</b>	<b>23.00</b>	<b>23</b>	<b>0</b>	<b>0</b>	<b>0.00</b>	<b>0</b>

**Total Hours Worked**

46

**Total Lunch**

2.50

**Total Overtime**

3.50

Signature Approvals:

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the hours shown above on this timesheet are correct and was worked by me. By signing this timesheet, I agree to be bound by the terms and conditions of ( COMPANY NAME )and the Fair Labor Standards Act (FLSA).

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

The hours as shown on this timesheet are correct and accepted. By signing this timesheet, I agree to be bound by the terms and conditions of (COMPANY NAME) and the Fair Labor Standards Act (FLSA) .