SOMERSET WEST
COMMUNITY
H E A L T H
C E N T R E

Time Sheets for Hourly Work

_____   _____
Employee Name   Employee Number

_____   _____
Employee Signature   Month

Regular Employees Only _____ FTE

Job #: Please record the job title for the hours you are recording in each column.

Job #1				Job #2				Job #3		
Day	**Hours Worked**	**Code**		**Day**	**Hours Worked**	**Code**		**Day**	**Hours Worked**	**Code**
8				8				8		
9				9				9		
10				10				10		
11				11				11		
12				12				12		
13				13				13		
14				14				14		
15				15				15		
16				16				16		
17				17				17		
18				18				18		
19				19				19		
20				20				20		
21				21				21		
22				22				22		
Total	0.00			Total	0.00			Total	0.00	

Human Resources Section		
Code	**Code**	**Code**
Rate	**Rate**	**Rate**
V Calc	**V Calc**	**V Calc**

_____   _____   _____
Supervisor Signature   **Supervisor Signature**   **Supervisor Signature**

_____ - _____ - _____   _____ - _____ - _____   _____ - _____ - _____
Charge Code   **Charge Code**   **Charge Code**

Other Comments: