

# Weekly Time Sheet

Employee Name:  
Program:  
Program:

Rate of Pay:  
Status: (Full Time/Part Time/Contract)  
Payroll Period: From \_\_\_\_\_ to \_\_\_\_\_

Beginning Payroll Date	Start Time	End Time	Regular Hours	Total Hours*	Rate of Pay	Gross Pay
<b>TOTAL HOURS FOR WEEK</b>						

Employee Signature: \_\_\_\_\_

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

Supervisor Signature: \_\_\_\_\_

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

**Deductions:**

Gross Salary                   \$ \_\_\_\_\_  
W/H Tax                           \$ \_\_\_\_\_  
FICA Tax                           \$ \_\_\_\_\_  
Other Deductions               \$ \_\_\_\_\_  
Net Pay                             \$ \_\_\_\_\_

Check No./Date \_\_\_\_\_ / \_\_\_\_\_

\*Please make sure the above information is correct.