



# CLASSIFIED STAFF TIMESHEET

Month/Year: /

Reg. Work Days:

Reg. #Hrs/Day:

Reg. #Hrs/Week:

Employee Name

Employee Signature

PLEASE PRINT CLEARLY | ATTACH ADDITIONAL NOTES IF NECESSARY | TIME VARIANCES MUST BE PREAPPROVED

DATE	REGULAR DAY WORKED	TIME VARIANCE (If applicable)	VARIANCE AMOUNT (15-min. incr.)	VARIATION REASON (Include comp/flex time, if applicable.)	LEAVE CODE* (If applicable)	PROGRAM CODE
1						
2						
3						
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SUPERVISOR'S SIGNATURE

DATE:

Office use only.