

**COLLEGE OF THE ATLANTIC  
SUPPORT STAFF TIMESHEET**

Employee Name \_\_\_\_\_ Pay Period (for the 2 weeks ending) \_\_\_\_\_

Department \_\_\_\_\_

Time IN	Time OUT	Total Hrs Worked	Vacation Hours	Personal Hours	Holiday Hours	Other Hours
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Total Hrs Paid
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Week 1		Week 2		TOTALS		
MON	TUE	WED	THU	FRI	SAT	SUN
Time IN	Time IN	Time IN	Time IN	Time IN	Time IN	Time IN
Time OUT	Time OUT	Time OUT	Time OUT	Time OUT	Time OUT	Time OUT
Total Hrs Worked	Total Hrs Worked	Total Hrs Worked	Total Hrs Worked	Total Hrs Worked	Total Hrs Worked	Total Hrs Worked
Vacation Hours	Vacation Hours	Vacation Hours	Vacation Hours	Vacation Hours	Vacation Hours	Vacation Hours
Personal Hours	Personal Hours	Personal Hours	Personal Hours	Personal Hours	Personal Hours	Personal Hours
Holiday Hours	Holiday Hours	Holiday Hours	Holiday Hours	Holiday Hours	Holiday Hours	Holiday Hours
Other Hours	Other Hours	Other Hours	Other Hours	Other Hours	Other Hours	Other Hours
Total Hrs Paid	Total Hrs Paid	Total Hrs Paid	Total Hrs Paid	Total Hrs Paid	Total Hrs Paid	Total Hrs Paid

Additional Information- If applicable  
(project codes & hours, explanations, etc)

I certify the below information is an accurate accounting of time I certify that I have worked the hours as noted on the above days and the information recorded is correct. I also certify by signing below that any day I worked for more than 6 hours, that I "clocked out" for at least half an hour for a break before working more than 6 hours.

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

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