

### TIMESHEET

EMPLOYEE NAME: \_\_\_\_\_  
 PRIMARY WORK ASSIGNMENT: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_  
 DATES WORKED: \_\_\_\_\_ TO \_\_\_\_\_

Note: This timesheet must be filled out in its entirety in order to be paid for extra hours worked. Time must be tracked Sunday through Saturday each week and turned in at the end of each week.

"EXTRA HOURS" are those hours outside your regular work day. This includes before/after normal work hours and on weekends.

Email signed form to (preferred method): [Timesheets@ESCCO.org](mailto:Timesheets@ESCCO.org)  
 Fax signed form to: 614.445.3772

DAY OF WEEK	DATE**	LEAVE TAKEN (Y/N)	REGULAR WORK HOURS				TOTAL REGULAR WORK HOURS	EXTRA HOURS			
			IN	OUT-LUNCH	IN-LUNCH	OUT		IN	OUT	TOTAL EXTRA WORK HOURS	PURPOSE
SUNDAY											
MONDAY											
TUESDAY											
WEDNESDAY											
THURSDAY											
FRIDAY											
SATURDAY											
	TOTAL HOURS										
EMPLOYEE SIGNATURE: _____								DATE: _____			
SUPERVISOR APPROVAL: _____								DATE: _____			
ESCCO APPROVAL: _____								DATE: _____			

\*Payment of extra hours may be paid on the following pay than when the hours occurred due to pay period date range.  
 \*\* Please include all work days. If leave is taken or if a holiday occurs during the week please make note (above) on that date.