

YOUTH FOCUS, INC. – EMPLOYEE TIME SHEET

Program: _____ Employee Signature: _____
 Reporting Period _____ Thru _____ Supervisor Signature: _____

Position (Check One): Full Time _____ Part Time _____ Director Signature: _____

WEEK 1	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT	SUNDAY	REG HRS	OVERTIME *
Actual Hours Worked									
1 st Shift									
2 nd Shift									
3 rd Shift									
Sick Leave Used									
Vacation Leave Used									
Petty Leave Used									
Holiday Time Used									
Holiday Time Banked									

WEEK 2	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT	SUNDAY	REG HRS	OVERTIME *
Actual Hours Worked									
1 st Shift									
2 nd Shift									
3 rd Shift									
Sick Leave Used									
Vacation Leave Used									
Petty Leave Used									
Holiday Time Used									
Holiday Time Banked									

Total Regular Hours (Week 1 + Week 2)	
Total Overtime Hours (Week 1 + Week 2)	

*Note: **Provide explanation for Overtime on the back.**

CREDIT HOURS	BAL FORWARD	EARNED	USED	END BALANCE
Sick Leave				
Vacation Leave				
Petty Leave				
Holiday Time				

Employee Name (Print) _____
 Employee Social Security # _____