

## ARCHDIOCESE OF CINCINNATI TIMESHEET

**Employee Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Period Ending:** \_\_\_\_\_

DAY	DATE	ON	OFF	ON	OFF	TOTAL HOURS	Additional Hours / Comments
Sun.							
Mon.							
Tues.							
Wed.							
Thurs.							
Fri.							
Sat.							
Sun.							
Mon.							
Tues.							
Wed.							
Thurs.							
Fri.							
Sat.							

**Sick Time Used:** \_\_\_\_\_ **Vacation Used:** \_\_\_\_\_ **Total Hours:** \_\_\_\_\_

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

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