



The New Beginnings Employee Time Sheet

Employee :	Location:
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CODES: **S** – Shift coverage (you are covering another person’s shift)

M – Meetings (house meeting, ISP, ect.)

T – Trainings (office classes, person specific)

O – Other

Week 1		TIME IN	TIME OUT	Location	CODE	TIME IN	TIME OUT	Location	CODE	TOTAL HRS	PTO SICK
Sunday											
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											

Week 2	DATE	TIME IN	TIME OUT	Location	CODE	TIME IN	TIME OUT	LOCATION	CODE	TOTAL HRS	PTO SICK
Sunday											
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											

	Week 1	Week 2	Wk 1 & Wk2 Totals
Regular hours			
OT hours			
Total			
PTO used			
Sick used			

Employee Signature: _____ Date: _____

Manager Signature: _____ Date: _____