## ALLEGHENY EAST CONFERENCE OF SEVENTH-DAY ADVENTISTS HOURLY TIME SHEET

Name

Address City/State Phone

Email

You must record a) all actual time worked, b) your actual starting/stopping times each work day, and c) the actual times that you leave and return to work for any partial day absences, as required by the Fair Labor Standards Act.

Work Location & Department

Job Title

	Ending Date										
Month	Day**	Time In	Time Out	Hours Worked	Supervisor Initials As Needed*						
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
-									Total		
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
									Total		

The following hours (with dates) were sick time:				
The following hours (with dates) were vacation time:				

I certify that I have reported on this time sheet all working time during each work week of this payroll period, and that I have not omitted any hours worked, including any overtime hours, from this time sheet. I understand that false, misleading, or omitted information on this report may result in the termination of my employment.

Employee's	Signature

Date

Supervisor's Signature

\*You must obtain your Supervisor's prior approval for any additional working time or overtime beyond your scheduled hours and have him/her initial this time on that date. \*\*Conference hourly employees may not perform assigned ministry on the Sabbath except in accordance with the NAD Working Policy and the prior approval of their Supervisor.

\*You must obtain your supervisor's prior approval for any additional working time or overtime beyond your scheduled hours and have him/her initial this time on that date.

\*\*Conference hourly employees may not perform assigned minisitry on the Sabbath except in accordance with the NAD Working Policy and the prior approval of their Supervisor.

Zip

CHECK IF NEW ADDRESS