



Diocese of Rockford Weekly Time Sheet

Parish, School or Agency: _____

City: _____

Employee Name: _____

Week ending: _____

Week Ended	Morning		Afternoon		Regular Hours
	Time In	Time Out	Time In	Time Out	
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Total					

No person is permitted to work overtime without special authorization.

Signature of employee

Date

Signature of supervisor

Office Use Only:	
Regular	_____
Overtime	_____
Vacation	_____
Holiday	_____
Sick	_____
PPT	_____
Other	_____
Total	_____