



# St. Clair County Intervention Academy

1170 Michigan Rd., Port Huron, Michigan 48060 • 810-966-1649 • Fax 810-966-4312

## TIME SHEET

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Employee Number: \_\_\_\_\_ Period Covered: \_\_\_\_\_ to \_\_\_\_\_

Program Name / Position: \_\_\_\_\_

|           | Date | AM    |     | PM    |     | Total Hours | Remarks |
|-----------|------|-------|-----|-------|-----|-------------|---------|
|           |      | Start | End | Start | End |             |         |
| Saturday  |      |       |     |       |     |             |         |
| Sunday    |      |       |     |       |     |             |         |
| Monday    |      |       |     |       |     |             |         |
| Tuesday   |      |       |     |       |     |             |         |
| Wednesday |      |       |     |       |     |             |         |
| Thursday  |      |       |     |       |     |             |         |
| Friday    |      |       |     |       |     |             |         |
| Saturday  |      |       |     |       |     |             |         |
| Sunday    |      |       |     |       |     |             |         |
| Monday    |      |       |     |       |     |             |         |
| Tuesday   |      |       |     |       |     |             |         |
| Wednesday |      |       |     |       |     |             |         |
| Thursday  |      |       |     |       |     |             |         |
| Friday    |      |       |     |       |     |             |         |

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Charge to Account Number:

\_\_\_\_\_ Total Regular Hours Worked \_\_\_\_\_

\_\_\_\_\_ X Rate: \$ \_\_\_\_\_ / Hour = \_\_\_\_\_

\_\_\_\_\_ Total O/T Hours Worked : \_\_\_\_\_

\_\_\_\_\_ X Rate: \$ \_\_\_\_\_ / Hour x 1.5 = \_\_\_\_\_

Total Wages Paid \$ \_\_\_\_\_