

CLASSIFIED
SEMI-MONTHLY HOURLY TIMESHEET



NAME: _____
POSITION 1: _____
HOURS PER WEEK: _____

PAY PERIOD: _____

DATE	HOURS WORKED	ABSENT HOURS	REASON CODE	EXTRA HOURS	MEAL & REST PERIOD PROVIDED
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
TOTALS:					

VCSBSA USE ONLY			
SL:	_____	JD:	_____
PNL:	_____	CT:	_____
VA:	_____	WC:	_____
RT:	_____	WOP:	_____
BR:	_____		

VCSBSA USE ONLY			
POS 1:			
Adj Code	Rate	Units	Amount

POSITION 2: _____
HOURS PER WEEK: _____

DATE	HOURS WORKED	ABSENT HOURS	REASON CODE	EXTRA HOURS	MEAL & REST PERIOD PROVIDED
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
TOTALS:					

VCSBSA USE ONLY			
POS 2:			
Adj Code	Rate	Units	Amount

Total Pay: _____

SL Illness	PNL Personal Necessity	JD Jury Duty	
H Holiday	VA Vacation	ML Maternity Leave	BR Beravement (State Relationship) _____
RT Release Time	WC Workers Comp		WOP Without Pay (State Reason) _____
	CT Comp Time		

I certify that all information is correct as indicated:

Employee's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____