



# EMPLOYEE SEMI-MONTHLY TIME SHEET

## Time and Effort Report

Pay Period	From (M/D/Y)	To (M/D/Y)
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Name (Last, First, M.I.) Ave	Title	Social Security Number	Division/Department
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Budget	Prog/		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		Semi-monthly		Fiscal Year *	
			16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Hours	%	Hours	%
		Total Program Hours																		100%		100%
		Annual																				
		Sick																				
		Comp																				
		Holiday																				
		Total Paid Hours																				
		Leave Without Pay																				

We certify that to the best of our knowledge the above allocation of time expended performing federal program and state program duties is true and accurate.

\* Fiscal year-to-date  
beginning July 1

Employee Signature	Date
Immediate Supervisor Signature	Date

### Comments:

This form should include full 8 hour days for full time employees or the total daily hours for non full time employees