

SEMI-MONTHLY TIME SHEET (Temporary Employee - STATE PAID ONLY)

TIMESHEET - A

County/Office:	Pay period Start Date:		
Employee Name:	Pay period End Date:		
Employee Phone:	Pay Date:		
Employee ID/SSN:		PAY LOCATION#	
Employee Address:	City:	State:	Zip:

<-----Hours Worked ----->									
CYCLE DAY									
Sub-Total									
Sub-Total									
Sub-Total									
Total Hours									

<p>_____</p> <p>Hr Rate X Hrs Worked = Pmt to Empl</p>	
<p>_____</p> <p>Employee Signature</p>	<p>_____</p> <p>Administrator/Supervisor Signature</p>
<p>_____</p> <p>AOC Payroll</p>	