

Houston Gateway Academy

WEEKLY TIME SHEET

LOCATION: HOUSTON GATEWAY ACADEMY

WEEK ENDING: _____

EMPLOYEE: _____

EMPLOYEE SS #: _____

DEPARTMENT (CAMPUS): _____

DAY/ DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL HOURS WORKED	OVERTIME REASON AND APPROVAL
SUN ___/___						
MON ___/___						
TUE ___/___						
WED ___/___						
THUR ___/___						
FRI ___/___						
SAT ___/___						

TOTAL HOURS	<u>PAYROLL USE ONLY</u>
	REG HOURS _____
	OT HOURS _____
	VAC HOURS _____
	SICK HOURS _____
	PERS HOURS _____
	OTHER HOURS _____
	OTHER EARNINGS _____

EMPLOYEE SIGNATURE _____

SUPERVISOR SIGNATURE _____

*** Sick/personal time, vacation, and holidays do not count towards overtime pay. If applicable, attach Absentee Report to time sheet before submitting.**