

# HOURLY TIME SHEET

## Ohio Conference of Seventh-day Adventists

DUE DATE: According to Payroll Calendar

<b>EMPLOYEE NAME</b>				Month:                      20th                      to                      19th , 20 _____					
				This Employee is Funded by:					
				Position Title:					
D A Y	START TIME	END TIME	L U N C H	START TIME	END TIME	REGULAR HOURS	SICK HOURS*	HOLIDAY HOURS*	TOTAL DAILY HOURS
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
<b>TOTALS</b>									

\*Sick & Holiday time paid only as authorized by supervisor.

<b>Employee Signature</b>	<b>Date</b>	<b>Payroll Department Only</b>	<b>Code</b>	<b>Total</b>
		<b>Regular Hours</b>	<b>10100</b>	
		<b>Overtime Hours</b>	<b>10101</b>	
<b>Supervisor Signature</b>	<b>Date</b>	<b>Holiday Hours</b>	<b>10103</b>	
		<b>Vacation Hours</b>	<b>10104</b>	
		<b>Paid Leave/Sick Hours</b>	<b>10105</b>	
<b>Remember, this is a time sensitive report!</b>		<b>TOTAL HOURS</b>		
Email, fax or mail to:		<b>Hourly Rate Per Hour</b>		
Email: oh-payroll@ohioadventist.org		<b>TOTAL PAY</b>		
Fax: 740-397-1648		<b>Special Mileage</b>		
Mail: Ohio Conf. Treasury Dept, 1251 E Dorothy Ln Dayton, OH 45419		<b># Miles:</b>	<b>x .39/mi</b>	<b>11200</b>
Questions? Call 740-397-4665, Ext. 111				