SOUTHEASTERN ILLINOIS COLLEGE

WEEKLY TIMESHEET

Employee Name: **Title:**

Employee ID: **Status:**

Department: **Supervisor:**

Account # _____

Date	Time In	Time Out (Lunch, etc.)	Time In (Lunch, etc.)	Time Out	Hours

Hours _____   I certify the above hours are correct.

Rate _____   _____

                                                         Employee Signature

Total _____   _____

                                                       Authorized Signature