



TIMESHEET

EMPLOYEE NAME: _____

Pay Period Start Date: _____

DEPT# : _____

TIME INCREMENTS

15 mins= .25

30 mins= .50

45 mins= .75

Pay Period End Date: _____

LOCATION : _____

POSITION: _____

DAY OF WEEK	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	TOTAL
ENTER DATES															
TIME IN															
LUNCH-OUT															
LUNCH-IN															
TIME OUT															
TOTAL HOURS															
PAGER/ON-CALL															
CALL BACK															
PTO															
HOLIDAY															
TOTAL HOURS															

Comments _____

EMPLOYEE SIGNATURE _____ **SUPERVISOR'S/GOVERNMENT'S APPROVAL** _____

PLEASE FAX SIGNED TIMESHEET TO 301.434.3284 BY CLOSE OF BUSINESS THE MONDAY FOLLOWING THE PAYPERIOD COMPLETED.

Period Start Date	Period End Date	Period Start Date	Period End Date	Period Start Date	Period End Date	Period Start Date	Period End Date	Federal Holidays	2024
12/17/23	12/30/23	03/24/24	04/06/24	06/30/24	07/13/24	09/22/24	10/05/24	New Year's Day	01/01/24
12/31/23	01/13/24	04/07/24	04/20/24	07/14/24	07/27/24	10/06/24	10/19/24	Martin Luther King's Day	01/15/24
01/14/24	01/27/24	04/21/24	05/04/24	07/28/24	08/10/24	10/20/24	11/02/24	President's Day	02/19/24
01/28/24	02/10/24	05/05/24	05/18/24	08/11/24	08/24/24	11/03/24	11/16/24	Memorial Day	05/27/24
02/11/24	02/24/24	05/19/24	06/01/24	08/25/24	09/07/24	11/17/24	11/30/24	Independence Day	07/04/24
02/25/24	03/09/24	06/02/24	06/15/24	09/08/24	09/21/24	12/01/24	12/14/24	Labor Day	09/02/24
03/10/24	03/23/24	06/16/24	06/29/24					Columbus Day	10/14/24
								Veterans's Day	11/11/24
								Thanksgiving Day	11/28/24
								Christmas Day	12/25/24