SAA TIME SHEET

Full Name: _____ **Position:** _____

Department: _____ **Supervisor Name:** _____

Day	Date	Hours Worked Example: 9am – 5pm	Total Hours Paid
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Bi-Weekly Totals			

SAA Business Office Use Only

Total Hours Paid   _____

Payee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____