EXEMPT PAYROLL TIMESHEET

Spectrum Health Systems, Inc

EMPLOYEE NAME PLEASE PRINT

WEEK ENDING]		FIRST NAME LAST NAME					
	<u>IN</u>	LUNCH START	LUNCH END	<u>OUT</u>	REG	РТО		ОТН	SITE / LOCATION (IF REQUIRED)	* EXPLAIN BELOW	
SUN							Scheduled Unscheduled			- BELOW	
MON							□ Scheduled □ Unscheduled				
TUE							□ Scheduled □ Unscheduled				
WED							□ Scheduled □ Unscheduled				
THU							□ Scheduled □ Unscheduled				
FRI							□ Scheduled □ Unscheduled				
SAT							□ Scheduled □ Unscheduled				
				TOTALS						TOTAL HRS	
======== WEEK ENDING				=======================================							
	<u>IN</u>	LUNCH START	LUNCH END	<u>OUT</u>	REG	<u>PTO</u>		<u>OTH</u>	SITE / LOCATION (IF REQUIRED)	* EXPLAIN BELOW	
SUN							□ Scheduled □ Unscheduled			_	
MON							□ Scheduled □ Unscheduled				
TUE							□ Scheduled □ Unscheduled				
WED							□ Scheduled □ Unscheduled				
THU							□ Scheduled □ Unscheduled				
FRI							□ Scheduled □ Unscheduled				
SAT							□ Scheduled □ Unscheduled				
				TOTALS						TOTAL HRS	
				TOTAL HRS					=======================================		
EMPLOYEE	SIGNATURE			DATE		SUPERV	ISOR SIGNATU	IRE		DATE	