

**UNITED METHODIST CONFERENCE CENTER
WEEKLY TIME SHEET**

NAME:

MONTH:

DESCRIPTION	DATE	1	2	3	4	5	6	7	TOTAL
		MON	TUE	WED	THU	FRI	SAT	SUN	
Department:									0.00
VACATION									0.00
SICK									0.00
HOLIDAY									0.00
PERSONAL									0.00
BEREAVEMENT									0.00
OTHER (Specify):									0.00
TOTALS		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

EMPLOYEE SIGNATURE

DATE:

SUPERVISOR SIGNATURE:

DATE: