

**ATHENS STATE UNIVERSITY
ATHENS, AL 35611**

TIME SHEET

NAME: _____

DEPARTMENT: _____

MONTH: _____ / _____

WEEK ENDING:	SUN.	MON.	TUES.	WED.	THU.	FRI.	SAT.	TOTAL

**TOTAL
HOURS:** _____

_____/_____
EMPLOYEE SIGNATURE DATE

_____/_____
SUPERVISOR SIGNATURE DATE