



**ALLEGHENY EAST CONFERENCE CORPORATION**  
of Seventh-day Adventists®

**WEEKLY EMPLOYEE TIMESHEET**  
Treasury

Please type or print clearly in ink.

**INFORMATION**

Employee Name \_\_\_\_\_ Employee Number \_\_\_\_\_

Department \_\_\_\_\_ Workweek Beginning \_\_\_\_\_ Workweek Ending \_\_\_\_\_

DAY	BEFORE LUNCH		AFTER LUNCH		Regular Hours	Sick Hours	Vacation Hours	TOTAL
	IN	OUT	IN	OUT				
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday Night								
Sunday								
<b>Week Totals</b>								

Department Head Signature \_\_\_\_\_ Employee Signature \_\_\_\_\_

*Any midday time out apart from the allotted lunch period MUST be approved by your department head(s) and office manager.*

NOTE: This form must be returned to the Payroll Department Office on the Monday of the following work week.

Revised 02/14/2011