

NPORT

Timesheet

Name _____ Discipline _____

Facility Name _____ Period Covering ____ / 1 / ____ to ____ / 15 / ____

	Time In	Time Out	Lunch	Benefit Time	Total
1		-			
2		-			
3		-			
4		-			
5		-			
6		-			
7		-			
8		-			
9		-			
10		-			
11		-			
12		-			
13		-			
14		-			
15		-			

	Total Benefit Time	Total Hours Worked

TOTAL HOURS

Employee Signature

Facility Administrator Signature