

NPORT

Timesheet

Name _____ Discipline _____

Facility Name _____ Period Covering ____ / 16 / ____ to ____ / 31 / ____

	Time In	Time Out	Lunch	Benefit Time	Total
16	-				
17	-				
18	-				
19	-				
20	-				
21	-				
22	-				
23	-				
24	-				
25	-				
26	-				
27	-				
28	-				
29	-				
30	-				
31	-				

	Total Benefit Time		Total Hours Worked	

TOTAL HOURS

Employee Signature

Facility Administrator Signature