

**TOWN OF BRUNSWICK  
Employee Time Sheet**

From \_\_\_\_\_ To \_\_\_\_\_

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

	SUN	MON	TUES	WED	THURS	FRI	SAT
DATE							

**MORNING HOURS**

TIME IN							
TIME OUT							

AM HOURS							
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**AFTERNOON HOURS**

TIME IN							
TIME OUT							

PM HOURS							
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**NIGHT HOURS**

TIME IN							
TIME OUT							

PM HOURS							
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**TOTAL HOURS**

AM + PM							
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**HOUR CODES & SUMMARY**  
(Hours should be included in totals above)

B – Bereavement	_____	ML – Military	_____
C – Compensatory	_____	R – Regular	_____
P – Personal	_____	S – Sick	_____
H – Holiday	_____	W – Workers Comp	_____
J – Jury	_____	V – Vacation	_____
FS – Family Sick	_____	O – Other	_____
CB – Call Back	_____		

TOTAL REGULAR	TOTAL O.T.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE