

**UNIVERSITY OF TENNESSEE
WEEKLY TIME REPORT**

TIME SHEETS NEED TO BE TURNED IN ON OR BEFORE MONDAY MORNING

Week of _____

Cost Center _____

Employee Name _____

Position _____

Employee ID _____

	<u>REG.</u>	<u>ANNUAL</u>	<u>SICK</u>	<u>HOL.</u>	<u>ADM/CL</u>	<u>OTHER *</u>	<u>TOTAL HOURS</u>
MO							
TU							
WE							
TH							
FR							
SA							
SU							
TOTAL							

**EXPLAIN
OTHER HRS***

EMPLOYEE SIGNATURE

SUPERVISOR SIGNATURE
