

Blinn College LATE TIME SHEET

This form will only be used to record hours that were not reported
with web time entry during the appropriate pay period.

Name _____ Blinn ID No. _____

Department _____ FOAP _____

For Week Beginning Sunday _____ Ending Saturday _____
Month/Day/Year Month/Day/Year

Day	From (AM)	To (AM)	From (PM)	To (PM)	Total Hours	
					Regular	O.T.
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
				Total Hours		

Reason for submitting late time sheet: _____

 Signature of Employee

 Date

Approved: _____
 Supervisor's Printed Name

 Supervisor's Signature

 Date

 Vice President Signature
 (may be required for multiple occurrences)

 Date