Income Tax & Payroll Services
(323) 732-2725   Fax (323) 732-1313
Email: PayrollService@IT-PSS.COM

SEMI-MONTHLY /MONHLY EMPLOYEE TIME SHEET

First Name: _____ **Middle Initial:** _____ **Last Name:** _____ **SSN:** _____-_____-_____

Pay Period Beginning Date: _____ □ **Hourly** □ **Salary**   **Pay Period:** □ **Semi-Monthly** □ **Monthly**

Pay Type	Department Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
Regular																	
Overtime																	
Sick																	
Holiday																	
Vacation																	
Adjustment																	
Daily Totals																	

Pay Type	Department Number	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Regular																		
Overtime																		
Sick																		
Holiday																		
Vacation																		
Adjustment																		
Daily Totals																		
Pay Period Totals																		

Company Name: _____

Payroll Administrator Signature: _____

Payroll Administrator Name: _____ **Date:** _____