

****EXEMPT EMPLOYEES ONLY** KAREN ANN QUINLAN MEMORIAL FOUNDATION PAYROLL TIME SHEET**

EMPLOYEE NAME _____

EMPLOYEE SIGNATURE _____ SUPERVISOR SIGNATURE _____

PAY PERIOD START DATE _____ thru _____

Number of hours taken

Date:	Vacation	Sick	Personal	Holiday	Mileage	Misc Expenses	Misc Expense Description

TOTALS: [] [] [] [] [] [] [] Regular time: []

NOTE: Attach all receipts to back of payroll sheet