



S. BROOKS AND ASSOCIATES, INC.

Bimonthly Timesheet

TIMEKEEPING									
Day of Month @ Start Time (Check one)	Day of Week @ Start Time (Type-in)	Workday Start Time	Meal Period Start	Meal Period End	Workday End Time	Total Work Hours Actual work hours only	Paid Time Off Hours Accrued PTO, Holidays	Comments Type of PTO, Unpaid leave, Holidays, etc.	
			30-minute unpaid meal break required during 6-hour Oregon workday or 5-hour Washington workday						
01	16								
02	17								
03	18								
04	19								
05	20								
06	21								
07	22								
08	23								
09	24								
10	25								
11	26								
12	27								
13	28								
14	29								
15	30								
	31								

DRAW A LINE THROUGH DAYS YOU DID NOT WORK INCLUDING HOLIDAYS, LEAVES & WEEKENDS					PAY PERIOD TOTAL:	HOURS:	HOURS:	
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CERTIFICATION				CONTRACT OFFICER REPRESENTATIVE (COR)			
<i>EMPLOYEE: I certify that I worked the times and total hours shown above. I understand that misreporting my work times or hours is a major violation of S. Brooks and Associates, Inc. employee policies.</i>				<i>CONTRACT OFFICER REPRESENTATIVE (COR) To the best of my knowledge, I have received the amount of hours indicated on this time sheet.</i>			
PRINT NAME:				PRINT NAME:			
SIGNATURE:		DATE:		SIGNATURE:		DATE:	
AGENCY, OFFICE, & LOCATION:				AGENCY, OFFICE, & LOCATION:			

REMINDER: TIMESHEETS ARE DUE AT THE CORPORATE OFFICE BY 10:00AM ON THE SCHEDULED DATE ACCORDING TO THE TIMESHEET DUE DATE AND PAY DATES SCHEDULED SHEET.

PAY PERIOD												2013	2014
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2013	2014
												2015	2016