

**GULF COAST SOCIAL SERVICES  
TRAINING AND PTO HOURS TIMESHEET**

EMPLOYEE.# \_\_\_\_\_

DEPT.# \_\_\_\_\_

Name: \_\_\_\_\_

Program: \_\_\_\_\_

Region: \_\_\_\_\_

WEEK ONE	Date	In	Out	In	Out	Hours Worked	Remarks (If training, please specify the class)
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							

WEEK TWO	Date	In	Out	In	Out	Hours Worked	Remarks (If training, please specify the class)
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							

**TOTAL TRAINING HOURS:** \_\_\_\_\_

**TOTAL PERSONAL TIME OFF HOURS:** \_\_\_\_\_  
(Vacation or Sick Leave – Attach Leave Request Form)

**TOTAL OTHER HOURS** \_\_\_\_\_  
(Bereavement – attach obituary, Jury Duty – attach summons)

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_