HOFSTRA UNIVERSITY

Coaches Timesheet

Time period beginning: _____   **Time period ending:** _____

Employee Name: _____   **Hofstra ID Number:** _____   **Organization:** _____

DATE	IN TIME	OUT TIME	IN TIME2	OUT TIME2	Total Hours w_break
				Total Hours	

Total Regular Hours _____

Coach Signature _____   **Date** _____

Supervisor Name _____   **Supervisor Signature** _____   **Date** _____