GEORGIA DEPARTMENT OF CORRECTIONS

HOURLY TIME SHEET REPORT

Facility Name:		**Date:**
Pay Period: ☐ **1st – 15th** ☐ **16th – 31st**		
Employee Name	**Employee I.D.**	**Hours Worked** **(hrs./mins)**
Completed by:		

Retention Schedule: Upon completion, this form shall be retained for three (3) years in the local time keeping file.