

**UNIVERSITY OF MEDICAL SCIENCES  
P.M.B. 536, LAJE ROAD, ONDO CITY, ONDO STATE**

**OFFICE OF THE REGISTRAR**



**TIME SHEET FORM**

<b>EMPLOYEES NAME</b>	<b>TITLE</b>
<b>EMPLOYEE'S NUMBER</b>	<b>STATUS</b>
<b>DEPARTMENT</b>	<b>HOD/HOU'S NAME</b>

<b>DATE</b>	<b>ARRIVAL TIME</b>	<b>DEPARTURE TIME</b>	<b>TOTAL NOS OF HOURS</b>	<b>HOD/HOU'S REMARK/SIGN</b>

**EMPLOYEE'S SIGNATURE:**

**DATE:**

**HOD/HOU'S SIGNATURE:**

**DATE:**