Department:

Employee Name							Pay Period			
Employee ID							From		To	
	Date	Time In	Time Out	Time In	Time Out	Hours Worked	Annual Lv Hours	Sick Lv Hours	Other	Total Hours
Sun.										
Mon.										
Tue.										
Wed.										
Thu.										
Fri.										
Sat.										
					Total					
SHADED AREAS ARE FOR DEPARTMENTAL USE ONLY					Weekly Totals:	Code/Hrs OTS _____ OTP * _____ _____ Total _____	Code/Hrs VAC _____	Code/Hrs SCK _____	Code/Hrs _____	Total _____
	Date	Time In	Time Out	Time In	Time Out	Hours Worked	Annual Lv Hours	Sick Lv Hours	Other	Total Hours
Sun.										
Mon.										
Tue.										
Wed.										
Thu.										
Fri.										
Sat.										
					Total					