

NAME _____ POSITION _____

BEGINNING MONTH / ENDING MONTH BUILDING/ DEPARTMENT
MONTH YEAR MONTH YEAR MONTH YEAR

DAY OF MONTH	SECTION ONE	SECTION TWO			SECTION THREE								For Payroll Use Only
	SCHEDULED HOURS Enter your scheduled hours in this column.	Record additional hours worked in this section.			If you did not work your full schedule for the day record your time off (paid and unpaid) in this section.								
		ADDL HOURS	OVER TIME HOURS	COMP TIME EARNED	LEAVE W/O PAY	SICK LEAVE	PRSNL LEAVE	COMP TIME USED	VAC LEAVE	BRVMT LEAVE	HLDY PAY	JURY DUTY	
16th													
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15th													
TOTAL													
I certify _____													
Employee's Signature _____ Date _____ Supervisor's Signature _____ Date _____													