Employee Name:		Employee #:	
Department:		Pay Period:	

TIME WORKED					TIME OFF			EXT. SERVICE ONLY	
DAY	DATE	PT HRS	OT HRS*	COMP EARN*	COMP USED	OTHER		DEPT. NUMBER	PAY RATE
						CODE	HRS		
Sun									
Mon									
Tues									
Wed									
Thur									
Fri									
Sat									
Sun									
Mon									
Tues									
Wed									
Thur									
Fri									
Sat									
TOTAL PER CATI	0	*0*	*0*	0		0			

TOTAL HRS FOR PAY PERIOD

0

SIGNATURES

CODES

WC	Workmen's Comp	**LWP**	Leave Without Pay
CL	Court Leave	**ML**	Military Leave
EL	Education Leave	**BL**	Bereavement Leave

EMPLOYEE ***DATE***

DEPARTMENT HEAD ***DATE***

*** Enter hours as straight time - if hours meet qualification to be calculated at time and a half, then computer will make that entry.**