Employee Name:	
Department:	

Employee #:	
Pay Period:	

TIME WORKED							TIME OFF				
DAY	**DATE**	**REG HRS**	**HOL HRS**	**OT HRS***	**COMP EARN***	**ON CALL HRS**	**VAC USED**	**SICK USED**	**COMP USED**	**OTHER**	
										CODE	**HRS**
Sun											
Mon											
Tues											
Wed											
Thur											
Fri											
Sat											
Sun											
Mon											
Tues											
Wed											
Thur											
Fri											
Sat											
TOTAL PER CATEG.		0	0	***0***	***0***	***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**