

Employee Name:	
Department:	

Employee #:	
Pay Period:	

TIME WORKED					TIME OFF		
DAY	DATE	PT HRS	OT HRS*	COMP EARN*	COMP USED	OTHER	
						CODE	HRS
Sun							
Mon							
Tues							
Wed							
Thur							
Fri							
Sat							
Sun							
Mon							
Tues							
Wed							
Thur							
Fri							
Sat							

EXT. SERVICE ONLY	
DEPT. NUMBE R	PAY RATE

TOTAL HRS FOR PAY PERIOD 0

TOTAL PER CAT	0	0	0	0	0
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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.