

Full Name of Employee _____
 / /
 Beginning Payroll Date _____

Work Station _____
 / /
 Ending Payroll Date _____
 Monthly Equal Pymts _____
 Hourly _____
 Exempt Salaried _____

Date	Time In	Time Out	Daily Totals	Describe Activity &/or Holiday Credit / Type of Leave
M				
T				
W				
T				
F				
Weekly Work Totals				
M				
T				
W				
T				
F				
Weekly Work Totals				
M				
T				
W				
T				
F				
Weekly Work Totals				
M				
T				
W				
T				
F				
Weekly Work Totals				
M				
T				
W				
T				
F				
Weekly Work Totals				
M				
T				
W				
T				
F				
Weekly Work Totals				

Holiday(s) Included _____
 Annual Day(s) Used _____
 (or check here if not applicable) _____

Duty (Work) Hours (Days) Subtotal _____
 Approved Sick Leave Day(s) Used _____

Total Paid Hours / Days 

Attach Approved Leave Request form and note type of leave in space for hours credit (including leave w/o pay, FMLA). Salaried employees should note days present and location of work only to document activities and verify supervision duties.

Please note that reimbursement forms (including mileage) are to be completed on a monthly basis and must be included with the time sheet.

Employee Signature _____

Time Verified By _____

Initial next to your funding source, if known:
 Head Start _____ Adm. Cost Pool _____
 Child Care _____ Other _____
 USDA _____

<u>Office Use Only:</u>		Staff Initials: _____
Total Duty Hours / Days _____	Overtime _____	Ave. Daily Hours _____
Annual Leave _____	Holiday(s) _____	
Sick Leave _____	Brv Leave _____	