

Name: _____ thru (Fri.) _____

WEEK OF: (Sat.)

Dates

		Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Regular Worked									
Extra Worked*	Begin								
	End								
Holidays									

LEAVE TAKEN

TYPE		TIME**							
SICK	Begin								
	End								
ANNUAL	Begin								
	End								
COMP.	Begin								
	End								
OTHER	Begin								
	End								

Time Should Be Reported as A.M. or P.M. — **NOTE: Report in whole, half or quarter hours only.

Remarks:

Grand Total:

Employee Signature

Date

Supervisor's Approval

Date

If over 40 hours, indicate hours for:

☐ Comp. Time — ☐ Overtime Pay

*Must have approval of Vice Chancellor

Vice Chancellor's Approval