For Week of: \_\_\_\_\_\_\_\_\_ to **\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **DEPARTMENT NAME:** |  | **SUPERVISOR'S SIGNATURE** |  |
| **EMPLOYEE NAME:** |  | **EMP #:** |  |

**PAY CODES:**

010 REGULAR

411 PERSONAL LEAVE

414 ADMIN LEAVE

416 PARENTAL LEAVE

448 HOLIDAY

472 LEAVE WITHOUT PAY

540 SICK LEAVE

568 VACATION

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Day** | **IN** | **OUT** | **IN**  | **OUT** | **HOURS WORKED** | **\*Code** | **HOURS OVERTIME** | **TOTAL PAY HOURS** | **EMPLOYEE'S SIGNATURE** | **REMARKS** |
| **MON** |   |   |   |   |   |   |   |   |   |   |
| **TUES** |   |   |   |   |   |   |   |   |   |   |
| **WED** |   |   |   |   |   |   |   |   |   |   |
| **THURS** |   |   |   |   |   |   |   |   |   |   |
| **FRI** |   |   |   |   |   |   |   |   |   |   |
| **SAT** |   |   |   |   |   |   |   |   |   |   |
| **SUN** |   |   |   |   |   |   |   |   |   |   |
| **TOTAL** |   |   |   |   |   |   |   |   |   |   |

**Employees:** Please enter your daily hours and leave codes. Also, please indicate the accuracy of the data by noting your name in the Employee’s Signature box. Email to you supervisor for approval.

**Supervisors:** Please indicate the accuracy of the data by noting your name in the Supervisor’s Signature and emailing to