Employee Name (Print )							Dates Covered Department			
						T	Hours Off		Overtime	
Da	ıte	Day	Start Time	Lunch / Return	End Time	Total Regular Hours Worked	Total Hours Off	Key*	Total Over-time Hours	
				TOTAL		0	0		0	
*Key V = Vacation C = Casual H = Holiday J= Jury L/A = Absence without pay X = Friday off S/F = Short Term Disability/ Family Medical Leave Act B = Bereavement										
I certify that all informatiion above is true and correct.										
Employee	's Signatu	ıre			Date	-	Supervisor's Signature			