

Organization #: _____ Dept: _____

ID#: _____ NAME: _____

	W	TH	F	S	S	M	T	TOT	W	TH	F	S	S	M	T	TOT
Hours Worked																
Leave Taken																

Total Hours Worked	
Overtime Hours	
Annual Leave	
Sick Leave	
Comp Time	
Holiday/Other	
Total Hours	

Employee Signature: _____

ID#: _____ NAME: _____

	W	TH	F	S	S	M	T	TOT	W	TH	F	S	S	M	T	TOT
Hours Worked																
Leave Taken																

Total Hours Worked	
Overtime Hours	
Annual Leave	
Sick Leave	
Comp Time	
Holiday/Other	
Total Hours	

Employee Signature: _____

Approved by: _____
Budget Manager

Date: _____