

Licensed Agency

HOURLY/ PER DIEM EMPLOYEE ATTENDANCE SHEET

Print Name: _____ Pay Period: _____

DAY	IN	OUT	IN	OUT	PD HOL	PTO	W/O PAY	ON CALL*
SUNDAY								
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								

*ON CALL = "X" each day

TOTAL HOURS _____

EMPLOYEE SIGNATURE _____

SUPERVISOR SIGNATURE _____

TO BE COMPLETED BY PAYROLL:

EMP #	REGULAR HOURS	PD HOL	PTO	W/O PAY	ON CALL	# RV	# SOC	MILEAGE