EMPLOYEE ID #

SOUTH CENTRAL CHILD DEVELOPMENT, INC. ATTENDANCE AND TIME STUDY

| Name | | Position | | | | | | | | Duty Station | | | | | | | | |
|--|--------|----------|------|---------|-------|---|------|------|------|--|--|----------|---|----------|---------|---------|----------|--|
| Mailing Address | | | | | | | | | | | | | | | | | | |
| | | | | Street | | | | | Town | | | | | | State | | | Zip |
| Month | | | | | | | - | Year | | | | _ | | | | | | (NO DITTOES) Description of daily work activities |
| | | | 9951 | 9952 | 9953 | 9954 | 9955 | 9956 | 9957 | 9958 | 9959 | | Г | | TII | ИΕ | | travel, destination, trainings |
| Date | (RT) | (OT) | (AL) | | | | | | | (SB) | | | ı | IN | OUT | IN | OUT | or other workshop activities |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | *************************************** | Total | Paid I | Hours | | |
| | | | | | | | | | | | I CERTIFY THAT THIS STATEMENT AND THE AMOUNTS RECORDED, ARE TRUE AND CORRECT AND ACCORDING | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| RT/Regular Time HL/Holiday IW/Inclem Weather | | | | | | | | | | TO PROJECT POLICIES, PROCEDURE & INSTRUCTIONS. | | | | | | | | |
| OT/Over Time PL/Personal Lea AL/Annual Leave JS/Jury Services | | | | | | SB/School Break FM/Family Medical Leave | | | | | | | | | | | | |
| SL/Sick Leave AD/Admin Leave AWOP/Absent w/o Pay | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | Employee Signature | | | | | | | |
| INSTRUCTIONS This form must be completed accurately and correctly before payroll processing. This form is due at project headquarters no later than the last working day | | | | | | | | | | | | | | | | | | |
| of each month. Supervise | | | | | | | | | | | | isor Sid | nature | <u> </u> | | | | |
| | | | | | | | | | | | | | | | | | | |
| ALL LEAVE SHOULD HAVE PRIOR APPROVAL BY IMMEDIATE SUPERVISOR and EXECUTIVE DIRECTOR | | | | | | | | | | Approved by Executive Director | | | | | | | | |
| OUI LI | VIOOIN | unu L/ | 0011 | ^ L DII | LOTOR | ` | | | | | | | ^ | .ppi uv | CG Dy I | _ACCULI | 40 DII 6 | 0.01 |