

**EMPLOYEE TIME SHEET – HOURLY**  
**CDS FAMILY & BEHAVIORAL HEALTH SERVICES, INC.**

Pay Period: From: 7/9/2023 To: 7/22/2023 Employee # \_\_\_\_\_

Employee Name: \_\_\_\_\_ Division: \_\_\_\_\_

**Due to supervisor on Monday 9:00am prior to payday, unless otherwise indicated.**

|                    | Sun<br>7/9/2023 | Mon<br>7/10/2023 | Tue<br>7/11/2023 | Wed<br>7/12/2023 | Thu<br>7/13/2023 | Fri<br>7/14/2023 | Sat<br>7/15/2023 | Sun<br>7/16/2023 | Mon<br>7/17/2023 | Tue<br>7/18/2023 | Wed<br>7/19/2023 | Thu<br>7/20/2023 | Fri<br>7/21/2023 | Sat<br>7/22/2023 |
|--------------------|-----------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| In                 |                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| Out                |                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| In                 |                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| Out                |                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| In                 |                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| Out                |                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| Total Hours Worked |                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| Total Leave Taken  |                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| Type of Leave      |                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |

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**I hereby certify that the above detailed hours are true and complete.**

Employee Signature: \_\_\_\_\_

Employee Status:

Full Time (40 Hours/Week)

¾ Time (30 Hours/Week)

½ Time (20 Hours/Week)

¼ Time (10 Hours/Week)

Support Staff (Hours/Week Vary)

|                 |  |
|-----------------|--|
| Total Pay Hours |  |
|-----------------|--|

Supervisor Signature: \_\_\_\_\_

Types of Leave:  
**S=Sick V=Vacation PH=Personal Holiday F=Funeral H=Paid Holiday A=Administrative Leave L/O=Leave Without Pay**