

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

Pay Period: From: 7/9/2023 To: 7/22/2023 Employee #: _____
 Employee Name: _____ Division: _____

Date	Sun 7/9/2023	Mon 7/10/2023	Tue 7/11/2023	Wed 7/12/2023	Thu 7/13/2023	Fri 7/14/2023	Sat 7/15/2023	Sun 7/16/2023	Mon 7/17/2023	Tue 7/18/2023	Wed 7/19/2023	Thu 7/20/2023	Fri 7/21/2023	Sat 7/22/2023	Total
Hours Worked															
Leave Taken															
Type of Leave															

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

Employee Signature

Supervisor's 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 Hours

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Types of Leave:

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