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| EMPLOYEE TIME SHEET – HOURLYCDS FAMILY& BEHAVIORAL HEALTH SERVICES, INC. |
| Pay Period: | From: | 04/28/2024 | To: | 05/11/2024 | Employee # |  |
| Employee Name: |  | Division: |  |
| **Due to supervisor on Monday 9:00am prior to payday, unless otherwise indicated.** |
|  | Sun | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Mon | Tue | Wed | Thu | Fri | Sat |  |
| 04/28/24 | 04/29/24 | 04/30/24 | 05/01/24 | 05/02/24 | 05/03/24 | 05/04/24 | 05/05/24 | 05/06/24 | 05/07/24 | 05/08/24 | 05/09/24 | 05/10/24 | 05/11/24 |
|  | In |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Out |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| In |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Out |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| In |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Out |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total Hours Worked |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total Leave Taken |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Type ofLeave |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **I hereby certify that the above detailed hours are true and complete.** |  | 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 PayHours |  |
| Employee Signature: |  |  |
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|  |
| Supervisor Signature: |  |  |
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| Types of Leave:**S**=Sick **V**=Vacation **PH**=Personal Holiday **F**=Funeral **H**=Paid Holiday **A**=Administrative Leave **L/O**=Leave Without Pay |

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