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| EMPLOYEE TIME SHEET – HOURLYCDS FAMILY& BEHAVIORAL HEALTH SERVICES, INC. |
| Pay Period: | From: | 8/6/2023 | To: | 8/19/2023 | 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 |  |
| 8/6/2023 | 8/7/2023 | 8/8/2023 | 8/9/2023 | 8/10/2023 | 8/11/2023 | 8/12/2023 | 8/13/2023 | 8/14/2023 | 8/15/2023 | 8/16/2023 | 8/17/2023 | 8/18/2023 | 8/19/2023 |
|  | 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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