

Name: \_\_\_\_\_

\_\_\_\_\_ SEC \_\_\_\_\_ BE/MPS  
\_\_\_\_\_ AIDE \_\_\_\_\_ OKP \_\_\_\_\_ OTHER  
\_\_\_\_\_ MCC (ASP, EB, PT, RLD)

Building: \_\_\_\_\_

| Day   | Date | In | Out | In | Out | Total Hours | Comments               |
|-------|------|----|-----|----|-----|-------------|------------------------|
|       |      |    |     |    |     |             | Sick-Vac-Pers-Holiday? |
| Mon   |      |    |     |    |     |             |                        |
| Tues  |      |    |     |    |     |             |                        |
| Wed   |      |    |     |    |     |             |                        |
| Th    |      |    |     |    |     |             |                        |
| Fri   |      |    |     |    |     |             |                        |
|       |      |    |     |    |     |             |                        |
| Total |      |    |     |    |     |             |                        |

| Day   | Date | In | Out | In | Out | Total Hours | Comments               |
|-------|------|----|-----|----|-----|-------------|------------------------|
|       |      |    |     |    |     |             | Sick-Vac-Pers-Holiday? |
| Mon   |      |    |     |    |     |             |                        |
| Tues  |      |    |     |    |     |             |                        |
| Wed   |      |    |     |    |     |             |                        |
| Th    |      |    |     |    |     |             |                        |
| Fri   |      |    |     |    |     |             |                        |
|       |      |    |     |    |     |             |                        |
| Total |      |    |     |    |     |             |                        |

| Day   | Date | In | Out | In | Out | Total Hours | Comments               |
|-------|------|----|-----|----|-----|-------------|------------------------|
|       |      |    |     |    |     |             | Sick-Vac-Pers-Holiday? |
| Mon   |      |    |     |    |     |             |                        |
| Tues  |      |    |     |    |     |             |                        |
| Wed   |      |    |     |    |     |             |                        |
| Th    |      |    |     |    |     |             |                        |
| Fri   |      |    |     |    |     |             |                        |
|       |      |    |     |    |     |             |                        |
| Total |      |    |     |    |     |             |                        |

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Please do not sign before hours are worked.

TOTAL HOURS FOR THIS TIME PERIOD \_\_\_\_\_