

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 _____