

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							
Thur							
Fri							
Total							

Employee Signature Date

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

TOTAL HOURS FOR THIS TIME PERIOD: _____