|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EMPLOYEE TIME SHEET – HOURLY CDS FAMILY& BEHAVIORAL HEALTH SERVICES, INC. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pay Period: | | | From: | | 01/05/2025 | | | | To: | | 01/18/2025 | | 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 |  | | |
| 01/05/25 | | 01/06/25 | | 01/07/25 | 01/08/25 | 01/09/25 | | 01/10/25 | | 01/11/25 | 01/12/25 | 01/13/25 | | | | 01/14/25 | 01/15/25 | 01/16/25 | 01/17/25 | | 01/18/25 |
|  | In |  | |  | |  |  |  | |  | |  |  |  | | | |  |  |  |  | |  |  | | |
| Out |  | |  | |  |  |  | |  | |  |  |  | | | |  |  |  |  | |  |
| In |  | |  | |  |  |  | |  | |  |  |  | | | |  |  |  |  | |  |
| Out |  | |  | |  |  |  | |  | |  |  |  | | | |  |  |  |  | |  |
| In |  | |  | |  |  |  | |  | |  |  |  | | | |  |  |  |  | |  |
| Out |  | |  | |  |  |  | |  | |  |  |  | | | |  |  |  |  | |  |
| Total Hours Worked | |  | |  | |  |  |  | |  | |  |  |  | | | |  |  |  |  | |  |  | |  | |
| Total Leave Taken | |  | |  | |  |  |  | |  | |  |  |  | | | |  |  |  |  | |  |  | |
| Type of  Leave | |  | |  | |  |  |  | |  | |  |  |  | | | |  |  |  |  | |  |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **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  Pay Hours | |  | | | |
| Employee Signature: | |  | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supervisor  Signature: | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Types of Leave: **S**=Sick **V**=Vacation **PH**=Personal Holiday **F**=Funeral **H**=Paid Holiday **A**=Administrative Leave **L/O**=Leave Without Pay | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Rev. 3/05, 6/07 F-FD-102