|  |
| --- |
| EMPLOYEE TIME SHEET – HOURLYCDS FAMILY& BEHAVIORAL HEALTH SERVICES, INC. |
| Pay Period: | From: | 09/01/2024 | To: | 09/14/2024 | 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 |  |
| 09/01/24 | 09/02/24 | 09/03/24 | 09/04/24 | 09/05/24 | 09/06/24 | 09/07/24 | 09/08/24 | 09/09/24 | 09/10/24 | 09/11/24 | 09/12/24 | 09/13/24 | 09/14/24 |
|  | In |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Out |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| In |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Out |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| In |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Out |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total Hours Worked |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total Leave Taken |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Type ofLeave |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| **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: |  |  |
|  |
|  |
| 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