|  |
| --- |
| EMPLOYEE TIME SHEET – SALARYCDS FAMILY & BEHAVIORAL HEALTH SERVICES, INC. |
| Pay Period: | From: | 12/08/2024 | To: | 12/21/2024 | Employee #: |  |
| Employee Name: |  | Division: |  |
|  |
| Date | Sun | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Mon | Tue | Wed | Thu | Fri | Sat | Total |
| 12/08/24 | 12/09/24 | 12/10/24 | 12/11/24 | 12/12/24 | 12/13/24 | 12/14/24 | 12/15/24 | 12/16/24 | 12/17/24 | 12/18/24 | 12/19/24 | 12/20/24 | 12/21/24 |
| Hours Worked |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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 Hours |  |
|  |  |
| Employee Signature |
|  |
|  |  |
| Supervisor’s Signature |
|  |
| Types of Leave:**S**=Sick Leave **V**=Vacation **PH**=Personal Holiday **F**=Funeral Leave **H**=Pay Holiday **A**=Administrative Leave **L/O**=Leave Without Pay |

# sl

 Rev. 6/07 F-FD-10