|  |
| --- |
| EMPLOYEE TIME SHEET – SALARYCDS FAMILY & BEHAVIORAL HEALTH SERVICES, INC. |
| Pay Period: | From: | 12/22/2024 | To: | 01/04/2025 | Employee #: |  |
| Employee Name: |  | Division: |  |
|  |
| Date | Sun | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Mon | Tue | Wed | Thu | Fri | Sat | Total |
| 12/22/24 | 12/23/24 | 12/24/24 | 12/25/24 | 12/26/24 | 12/27/24 | 12/28/24 | 12/29/24 | 12/30/24 | 12/31/24 | 01/01/25 | 01/02/25 | 01/03/25 | 01/04/25 |
| 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