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| EMPLOYEE TIME SHEET – SALARYCDS FAMILY & BEHAVIORAL HEALTH SERVICES, INC. |
| Pay Period: | From: | 10/13/2024 | To: | 10/26/2024 | Employee #: |  |
| Employee Name: |  | Division: |  |
|  |
| Date | Sun | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Mon | Tue | Wed | Thu | Fri | Sat | Total |
| 10/13/24 | 10/14/24 | 10/15/24 | 10/16/24 | 10/17/24 | 10/18/24 | 10/19/24 | 10/20/24 | 10/21/24 | 10/22/24 | 10/23/24 | 10/24/24 | 10/25/24 | 10/26/24 |
| 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 |

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 Rev. 6/07 F-FD-10