



EMPLOYEE _____ SUPERVISOR'S SIGNATURE _____

DAY	DATE	TIME IN	TIME OUT	LEAVE HOURS USED		TOTAL DAILY HOURS
				ANNUAL	SICK	
Mon						
Tues						
Weds						
Thurs						
Fri						

DAY	DATE	TIME IN	TIME OUT	LEAVE HOURS USED		TOTAL DAILY HOURS
				ANNUAL	SICK	
Mon						
Tues						
Weds						
Thurs						
Fri						

TOTAL HOURS _____ for **BOTH** weeks

ADMINISTRATIVE USE ONLY

EMPLOYEE SIGNATURE _____

	ANNUAL	SICK
PREV. BAL.		
EARNED		
AVAILABLE		
USED		
BALANCE		