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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION 1 – Employee Information | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Name: | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Title: |  | | | | | | | | | | | | | | | | Administrative Unit: | | | | | | |  | |
| Employee ID#: | | | |  | | | | | | | | | Work Period: | |  | | | | To |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION 2 – Time Reporting | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE | | | MON | | | TUE | | WED | THU | | | FRI | | SAT | | SUN | | Total Hours Worked | Extra Hours Worked | | | |  | |  |
|  | | |  | |  |  | | |  | |  | |  | |
| Hours Worked | | |  | | |  | |  |  | | |  | |  | |  | |  |  | | | | CL Earned | |  |
| Leave Taken | | |  | | |  | |  |  | | |  | |  | |  | |  |  | | | | OT Earned | |  |
| Start/End Time Worked | | |  | | |  | |  |  | | |  | |  | |  | |  |  | | | | EC Paid | |  |
| Total Emergency | | |  | | |  | |  |  | | |  | |  | |  | |  |  | | | | EO Paid | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE | | | MON | | | TUE | | WED | THU | | | FRI | | SAT | | SUN | | Total Hours Worked | Extra Hours Worked | | | |  | |  |
|  | | |  | |  |  | | |  | |  | |  | |
| Hours Worked | | |  | | |  | |  |  | | |  | |  | |  | |  |  | | | | CL Earned | |  |
| Leave Taken | | |  | | |  | |  |  | | |  | |  | |  | |  |  | | | | OT Earned | |  |
| Start/End Time Worked | | |  | | |  | |  |  | | |  | |  | |  | |  |  | | | | EC Paid | |  |
| Total Emergency | | |  | | |  | |  |  | | |  | |  | |  | |  |  | | | | EO Paid | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | | Extra Hours Worked | | | | | Purpose Of Work | | | | | | | | | | | | | | | | | | |
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| SECTION 3 – Signatures | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  |  | | | | | | | | | |  |  | | | |
| Employee Name (Print) | | | | | | | | | |  | Employee Signature | | | | | | | | | |  | Date | | | |
|  | | | | | | | | | |  |  | | | | | | | | | |  |  | | | |
| Supervisor Name (Print) | | | | | | | | | |  | Supervisor Signature | | | | | | | | | |  | Date | | | |