



Denver

FOR THE PAY PERIOD OF:

PRINTED NAME: _____ EMP ID # _____ thru _____

EMPLOYEE SIGNATURE: _____ DATE: _____

		Aaronmoor		Erinkay		Anchorage		OTHER/ ON-CALL	TOTAL HOURS WORKED	PAID TIME OFF	TOTAL WEEKLY HOURS
DAY	DATE	REG HOURS	SLEEP TIME	REG HOURS	SLEEP TIME	REG HOURS	SLEEP TIME				
		605	605	615	615	630	630				
SUN	/										
MON	/										
TUE	/										
WED	/										
THU	/										
FRI	/										
SAT	/										
SUN	/										
MON	/										
TUE	/										
WED	/										
THU	/										
FRI	/										
SAT	/										
TOTALS:											

SUPERVISOR SIGNATURE: _____

FOR PAYROLL DEPT USE ONLY

SPECIFY PTO (PAID TIME OFF)

L=Leave

S=Sleep Shift

H=Holiday

F=Funeral

C=Catastrophic Leave

WC=Worker's Compensation

W=Holiday Worked