



DIRECTORS / SALARIED EMPLOYEES

FOR THE PAY PERIOD OF: _____

PRINTED NAME: _____ EMP ID # _____

EMPLOYEE SIGNATURE: _____

DATE: _____

DAY	DATE	FUNERAL	CLB	HOLIDAY	PTO	OTHER	TOTAL HOURS USED	
SUN								
MON								
TUE								
WED								
THU								
FRI								
SAT								
SUN								
MON								
TUE								
WED								
THU								
FRI								
SAT								
TOTALS:								

GRAND TOTAL

SUPERVISOR SIGNATURE: _____

EHS only(hours):

- Staff Supervision/Monitoring
- Meeting
- Training/Education (personal)
- Training/Education
- Parent Training
- Evaluation
- Staffings

FOR PAYROLL DEPT USE ONLY