



ADMINISTRATION/CASE MANAGEMENT

FOR THE PAY PERIOD OF:

PRINTED NAME: _____ EMP ID # _____

THRU _____

EMPLOYEE SIGNATURE: _____

DATE: _____

DAY	DATE	ADMIN	CASE MGT	STATE CS MGT	OTHER	TOTAL HOURS WORKED	PAID TIME OFF	TOTAL WEEKLY HOURS
		100	120	125				
SUN	/							
MON	/							
TUE	/							
WED	/							
THU	/							
FRI	/							
SAT	/							
SUN	/							
MON	/							
TUE	/							
WED	/							
THU	/							
FRI	/							
SAT	/							
TOTALS:								

GRAND TOTAL

SUPERVISOR SIGNATURE: _____

SPECIFY PTO (PAID TIME OFF)
L=Leave H=Holiday J=Jury
F=Funeral C=CLB
WC=Worker's Compensation

FOR PAYROLL DEPT USE ONLY
