



Cañon Adult

FOR THE PAY PERIOD OF:

PRINTED NAME: \_\_\_\_\_ EMP ID # \_\_\_\_\_ thru \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DAY	DATE	PCA/ TRNG	PEN PLACE	NORTH STAR	WH	DAY SERV	SE	SLS WAIVER	SLS STATE	PROG ASST	SLEEP TIME	TOTAL HOURS WORKED	PAID TIME OFF	TOTAL WEEKLY HOURS
		710	730	720	700	740	770	190	192	790				
SUN	/													
MON	/													
TUE	/													
WED	/													
THU	/													
FRI	/													
SAT	/													
SUN	/													
MON	/													
TUE	/													
WED	/													
THU	/													
FRI	/													
SAT	/													
TOTALS:														

SUPERVISOR SIGNATURE: \_\_\_\_\_

**SPECIFY PTO (PAID TIME OFF)**

**L=Leave                    H=Holiday**

**F=Funeral                C=Catastrophic Leave**

**WC=Worker's Compensation                    W=Holiday Worked**

**FOR PAYROLL DEPT USE ONLY**