

# Starpoint

## MAINTENANCE

**FOR THE PAY PERIOD OF:**

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

THRU \_\_\_\_\_

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

DATE: \_\_\_\_\_

DAY	DATE	ADMIN	SPIN	SPIN	NORTH	LIFE	WASH	PEN	PCA	TOTAL HOURS WORKED	PAID TIME OFF	TOTAL WEEKLY HOURS	
		790	345	347	720	740	700	730	710				
SUN	/												
MON	/												
TUE	/												
WED	/												
THU	/												
FRI	/												
SAT	/												
SUN	/												
MON	/												
TUE	/												
WED	/												
THU	/												
FRI	/												
SAT	/												
<b>TOTALS:</b>													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**

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