

Pay Ending Date	Social Security No.		Employee Name (Please Print)						
O.T. /Extra Job Explanation	Hours	Date	Regular	O.T.	Absent	Day	Regular	O.T.	Absent
						Sun			
						Mon			
						Tue			
						Wed			
						Thur			
						Fri			
						Sat			
						Total			
Employee Signature			Supervisor Signature						

Pay Ending Date	Social Security No.		Employee Name (Please Print)			
	Total Days	Relationship	Dates			
Sick Leave						
Death						
Personal Leave						
Deduct						
Professional Leave						
Vacation						
Jury Duty						
Other						
Employee Signature			Supervisor Signature			