# Employee Time Record

**(Complete in <u>BLUE OR BLACK INK ONLY</u>; Please Print Legibly)**

Pay Period Dates _____

Position _____

Standard Work Shift _____

Work Location _____

Employee Name (Please Print) _____ Employee # _____

| Date | State Time | | End Time | Total **<u>Regular</u>** Hours **Less Lunch** (Round to QTR HR) | Total **<u>Additional</u>** Hours Submitted for Payment | Total of Regular and Additional Hours | Differential Hours | Sub Hours | Description of Work Performed (workshop, meet with families, program area, who you subbed for, type of leave used {submit leave form} etc.) |
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| Total Hours – Round to the Quarter Hour | | | | | | | | | |

**Employee Signature:** _____ **Date:** _____ **Supervisor Signature:** _____ **Date:** _____

Budget Agent Use Only

Account Code 1_____# of Hours_____Rate of Pay_____

Account Code 2_____# of Hours_____Rate of Pay_____ Final Approving Signature:_____

Account Code 3_____# of Hours_____Rate of Pay_____

Revised 7/8/2024