

Name: _____ **Employee #:** _____
Beginning Date: _____ **Ending Date:** _____ **Campus:** _____

WEEKDAY	DATE	IN	OUT	IN	OUT	TOTAL	REMARKS:	TYPE OF LEAVE USED:
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
SUNDAY								
Total Hours for Week:								

WEEKDAY	DATE	IN	OUT	IN	OUT	TOTAL	REMARKS:	TYPE OF LEAVE USED:
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
SUNDAY								
Total Hours for the Week:								

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TUESDAY								
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THURSDAY								
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Total Hours for the Week:								

Employee Signature

Supervisors Signature