

**Appendix I
Time Sheet and Attendance Form**

<u>TIME SHEET</u>									
_____ Community Council									
Employee: _____					Code: _____				
Pay Period From: _____					To: _____				
Week One									
Day	Date	Hours	OT	OE	Reason for Overtime Earned				
Sat									
Sun									
Mon									
Tues									
Wed									
Thur									
Fri									
Week Two									
Day	Date	Hours	OT	OE	Reason for Overtime Earned				
Sat									
Sun									
Mon									
Tues									
Wed									
Thur									
Fri									
Total Hours									
Illness			Overtime				Vacation		
Earned	Used	Balance	Worked	Previous	Taken	Balance	Credit	Taken	Balance
_____ Prepared By					_____ Approved By				

ATTENDANCE FORM

Sick Leave Entitlement _____

NAME _____

S.I.N. _____

YEAR _____ Annual Leave Entitlement _____

KEY: SL – Sick Leave

WC – Workers Compensation

AL – Annual Leave

O – Other

ML – Maternity Leave

OT – Overtime Used

WO – Leave Without Pay

																																SL	AL	OT	OTHER		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Carry Over					
APRIL																																					
MAY																																					
JUNE																																					
JULY																																					
AUGUST																																					
SEPTEMBER																																					
OCTOBER																																					
NOVEMBER																																					
DECEMBER																																					
JANUARY																																					
FEBRUARY																																					
MARCH																																					