

Appendix J

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 (OE)				
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 (OT)			Vacation			
Earned	Used	Balance	Worked	Previous	Taken	Balance	Credit	Taken	Balance
<div style="display: flex; justify-content: space-between;"> <div>Prepared By _____</div> <div>Approved By _____</div> </div>									

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
Carry Over																																			
	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				
APRIL																																			
MAY																																			
JUNE																																			
JULY																																			
AUGUST																																			
SEPTEMBER																																			
OCTOBER																																			
NOVEMBER																																			
DECEMBER																																			
JANUARY																																			
FEBRUARY																																			
MARCH																																			