



TIME AND ATTENDANCE REPORT

BIWEEKLY PAYROLL PERIOD ENDING SATURDAY:

January 30, 2010

EMPLOYEE NAME:

\_\_\_\_\_  
(LAST) (FIRST) (M.I.)

TIME DISTRIBUTION (Allocation Interval - 15 minutes)

Account Name	Fund/SVC	Date Totals	1/17 Sun	1/18 Mon	1/19 Tue	1/20 Wed	1/21 Thu	1/22 Fri	1/23 Sat	1/24 Sun	1/25 Mon	1/26 Tue	1/27 Wed	1/28 Thu	1/29 Fri	1/30 Sat
Agency Support	020-46															
<b>TOTALS</b>																

EMPLOYEE ATTENDANCE REPORT

	Overtime	Regular	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Regular Time Worked																
Overtime-Compensatory Leave Earned																
Compensatory Leave Used																
Vacation Leave																
Sick Leave																
Personal Leave																
Other Leave (Specify)																
Days Lost																
Holidays (Enter 7.5 on All Legal Holidays)																
Total (Must Equal 75.0 Hours)																

I CERTIFY THAT THIS ATTENDANCE REPORT IS CORRECT.

SIGNATURE OF EMPLOYEE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

812-372-6918

APPROVED BY: \_\_\_\_\_

812-372-6918

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