



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	1/17	1/18	1/19	1/20	1/21	1/22	1/23	1/24	1/25	1/26	1/27	1/28	1/29	1/30
		Totals	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
SSBG Case Management	017-05															
CHOICE Case Management	034-05															
Medicaid Waiver Admin	034-52															
Pre-Admission Screening	105-05															
Medicaid Waiver	106-05															
SSBG Administration	017-43															
CHOICE Administration	034-43															
Title IIIE Caregiver Services	014-48															
Title IIIB Case Management	011-05															
CHOICE Wait List Initiative	034-30															
TOTALS																

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: _____

812-372-6918

DATE SIGNED: _____

APPROVED BY: _____

812-372-6918

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