



Department of Administrative Services
Employee Work Hours Record

Employee: _____

Pay Period Ending: _____

Division: _____

Week 1 of Pay Period

Weekday:		Sun	Mon	Tue	Wed	Thur	Fri	Sat	Week 1
Date:									Sub Totals
Start Time:	In								
	Out								
	In								
	Out								
	In								
	Out								
End Time:	Out								
Total Hours Worked									
Leave Hrs. Used	Type*								
Flex-time (Earn-Use)	E / U								
Total Hours									
CompTime / OT / UN	C/O/UN								

Week 2 of Pay Period

Weekday:		Sun	Mon	Tue	Wed	Thur	Fri	Sat	Week 2
Date:									Sub Totals
Start Time:	In								
	Out								
	In								
	Out								
	In								
	Out								
End Time:	Out								
Total Hours Worked									
Leave Hrs. Used	Type*								
Flex-time (Earn-Use)	E / U								
Total Hours									
CompTime / OT / UN	C/O/UN								

Leave Codes: * Leave Type: S = sick; V = vacation; P = personal; C = comp time; H = holiday; F = FMLA; B = bereavement; J = jury duty; M = military;
CSD = cost savings days; VCS = voluntary cost savings ; O = other
C/O/UN Codes: CompTime/OT/UN Type: C = CompTime accrued; O = Overtime worked; UN = Unclaimed hours worked

I certify the above to be a true and accurate accounting of hours worked.

Employee Signature: _____

Supervisor Signature: _____

Date

Date