



Employee Name _____
 EID Number _____
 Department _____
 Division _____

Pay Period _____
 Begin Date (Monday) _____

Week 1							
Arrival Time	M	T	W	TH	F	S	S
Time In							
Time Out							
Time In							
Time Out							
Time In							
Time Out							
Attendance / Absence Type	Total						
R							

Week 1							
Arrival Time	M	T	W	TH	F	S	S
Time In							
Time Out							
Time In							
Time Out							
Time In							
Time Out							
Attendance / Absence Type	Total						
R							

AHhYbXUbWV HndYg
R Regular Hours Worked

5 VgYbWV HndYg
CA WCMC Court Appearance
W WCMC Court Appearance
S Scheduled Sick Time
SF Sick Leave - Family Illness
US Unscheduled Sick Time

ATTENDANCE TYPES
 R Regular Hours Worked
 ABSENCE TYPES
 CA WCMC Court Appearance
 S Scheduled Sick Time
 SF Sick Leave - Family Illness
 US Unscheduled Sick Time

Employee Signature _____ Date _____
 The information on this form is true and complete to the best of my knowledge.

Accepted by Supervisor _____