Employee's	Name:				Employee Number:				
Location:						Pay Period: 7/1	./21-7/10/21		
DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPERVISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE	
07/01/21									
07/02/21									
07/05/21	SYSTEM CLOSED								
07/06/21									
07/07/21									
07/08/21									
07/09/21									
		ed information e sheet. *Prid				or required to wo	ork or perfori	m duties	
Employee's	Signature			_	Supervisor's	Signature			

Employee's Name: Employee Number:								
Location:						Pay Period: 7/1	.1/21-7/31/2	1
DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPERVISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
07/12/21								
07/13/21								
07/14/21								
07/15/21								
07/16/21								
07/19/21								
07/20/21								
07/21/21								
07/22/21								
07/23/21								
07/26/21								
07/27/21								
07/28/21								
07/29/21								
07/30/21		1:						and the
						or required to wo	ork or perfori	n auties

Supervisor's Signature

Employee's Signature

Employee Number:

Location:					Pay Period: 8/1/21-8/14/21				
DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPERVISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE	
08/02/21									
08/03/21									
08/04/21									
08/05/21									
08/06/21									
08/09/21									
08/10/21									
08/11/21									
08/12/21									
08/13/21									
	-	d information e sheet. *Prid			-	or required to wo	ork or perfori	m duties	
Employee's Signature Supervisor's Signature									

Employee Number:

Location:						Pay Period: 8/1	.5/21-8/28/2	1
DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPERVISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
08/16/21								
08/17/21								
08/18/21								
08/19/21								
08/20/21								
08/23/21								
08/24/21								
08/25/21								
08/26/21								
08/27/21								
	I certify that the reported information is correct, and I was not permitted or required to work or perform duties not reported on this time sheet. *Prior approval of extra hours required by supervisior.							
Employee's	Employee's Signature Supervisor's Signature							

Employee Number:

Location:				Pay Period: 8/29/21-9/11/21					
DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE	
08/30/21									
08/31/21									
09/01/21									
09/02/21									
09/03/21									
09/06/21	SYSTEM CLOSED								
09/07/21									
09/08/21									
09/09/21									
09/10/21									
		d informatior e sheet. *Prid				or required to wo v supervisior.	ork or perfori	m duties	
Employee's	Signature			-	Supervisor's	S Signature			

Employee Number:

Location:						Pay Period: 9/1	2/21-9/25/2	1
DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
09/13/21								
09/14/21								
09/15/21								
09/16/21								
09/17/21								
09/20/21								
09/21/21								
09/22/21								
09/23/21								
09/24/21								
	I certify that the reported information is correct, and I was not permitted or required to work or perform duties not reported on this time sheet. *Prior approval of extra hours required by supervisior.							
Employee's	Employee's Signature Supervisor's Signature							

Employee's	Name:				Employee Number:					
Location:						Pay Period: 9/2	6/21-10/9/2	1		
DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE		
09/27/21										
09/28/21										
09/29/21										
09/30/21										
10/01/21										
10/04/21										
10/05/21										
10/06/21										
10/07/21										
10/08/21										
	-	ed information e sheet. *Pri			-	or required to wo	ork or perfori	n duties		
Employee's	Signature			-	Supervisor's	s Signature				

Employee's	Name:				Employee Number:				
Location:						Pay Period: 10/	10/21-10/23	3/21	
DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE	
10/11/21									
10/12/21									
10/13/21	SYSTEM CLOSED								
10/14/21	SYSTEM CLOSED								
10/15/21	SYSTEM CLOSED								
10/18/21									
10/19/21									
10/20/21									
10/21/21									
10/22/21									
		ed information e sheet. *Prid				or required to wo	ork or perfori	n duties	
Employee's Signature				-	Supervisor's	S Signature			

Employee Number:

Location:						Pay Period: 10/	/24/21-11/6/	21
DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
10/25/21								
10/26/21								
10/27/21								
10/28/21								
10/29/21								
11/01/21								
11/02/21								
11/03/21								
11/04/21								
11/05/21								
		d informatioi e sheet. *Prid				or required to wo	ork or perfori	m duties
Employee's Signature Supervisor's Signature								

Employee's Name: Employee Number:								
Location:						Pay Period: 11/	7/21-11/27/	21
DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
11/08/21								
11/09/21								
11/10/21								
11/11/21								
11/12/21								
11/15/21								
11/16/21								
11/17/21								
11/18/21								
11/19/21								
	SYSTEM							
11/22/21	CLOSED							
. ,	SYSTEM							
11/23/21	CLOSED							
	SYSTEM							
11/24/21	CLOSED							
	SYSTEM							
11/25/21	CLOSED							
14/26/24	SYSTEM							
11/26/21	CLOSED							
		-			-	or required to wo y supervisior.	ork or perfori	m duties
Employee's	Signature			_	Supervisor's	s Signature		

Employee Number:

Location:						Pay Period: 11/	/28/21-12/11	./21
DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
11/29/21								
11/30/21								
12/01/21								
12/02/21								
12/03/21								
12/06/21								
12/07/21								
12/08/21								
12/09/21								
12/10/21								
	-	-			-	or required to wo	ork or perfori	n duties
				_				
Employee's	Signature				Supervisor's	s Signature		

Employee's	Name:			Employee Num	ber:			
Location:						Pay Period: 12/	12/21-1/1/2	2
DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
12/13/21								
12/14/21								
12/15/21								
12/16/21								
12/17/21								
12/20/21	SYSTEM CLOSED							
12/21/21	SYSTEM CLOSED SYSTEM							
12/22/21	CLOSED SYSTEM							
12/23/21	CLOSED SYSTEM							
12/24/21	CLOSED							
12/27/21	SYSTEM CLOSED							
12/28/21	SYSTEM CLOSED							
12/29/21	SYSTEM CLOSED SYSTEM							
12/30/21	CLOSED SYSTEM							
12/31/21	CLOSED							
	-	-			-	or required to wo	ork or perfori	n duties
Employee's	Signature			-	Supervisor's	s Signature		

Employee's	Name:					Employee Num	ber:	
Location:						Pay Period: 1/2	/22-1/15/22	
DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
01/03/22								
01/04/22								
01/05/22								
01/06/22								
01/07/22								
01/10/22								
01/11/22								
01/12/22								
01/13/22								
01/14/22								
	-	d information e sheet. *Prid			-	or required to wo	ork or perfori	m duties
Employee's	Signature			-	Supervisor's	s Signature		

Employee Number:

Location:						Pay Period: 1/1	6/22-1/29/2	2
DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
01/17/22	SYSTEM CLOSED							
01/18/22								
01/19/22								
01/20/22								
01/21/22								
01/24/22								
01/25/22								
01/26/22								
01/27/22								
01/28/22								
I certify that the reported information is correct, and I was not permitted or required to work or perform duties not reported on this time sheet. *Prior approval of extra hours required by supervisior.								
Employee's	Employee's Signature Supervisor's Signature							

Employee's	Name:					Employee Num	ber:	
Location:						Pay Period: 1/3	0/22-2/12/2	2
DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
01/31/22								
02/01/22								
02/02/22								
02/03/22								
02/04/22								
02/07/22								
02/08/22								
02/09/22								
02/10/22								
02/11/22								
		d information e sheet. *Prid				or required to wo	ork or perfori	n duties
Employee's	Signature			-	Supervisor's	Signature		

Employee Number:

Location:						Pay Period: 2/1	3/22-2/26/2	2
DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
02/14/22								
02/15/22								
02/16/22								
02/17/22								
02/18/22								
02/21/22								
02/22/22								
02/23/22								
02/24/22								
02/25/22								
		d information e sheet. *Prid				or required to wo	ork or perfori	n duties
Employee's	Employee's Signature Supervisor's Signature							

Employee's	Name:			Employee Num	ber:			
Location:						Pay Period: 2/2	7/22-3/19/2	2
DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
02/28/22								
03/01/22								
03/02/22								
03/03/22								
03/04/22								
03/07/22								
03/08/22								
03/09/22								
03/10/22								
03/11/22								
3/14/2022	SYSTEM CLOSED SYSTEM							
3/15/2022								
3/16/2022	CLOSED SYSTEM							
3/17/2022	CLOSED SYSTEM							
3/18/2022	CLOSED	d information	. 10.00	and Lucies of	h manualità a d			dti
		a informatioi e sheet. *Prid				or required to wo y supervisior.	ork or perjori	n auties

Employee's Signature

Supervisor's Signature

Employee's	Employee's Name: Employee Number:							
Location:						Pay Period: 3/2	0/22-4/2/22	
DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
03/21/22								
03/22/22								
03/23/22								
03/24/22								
03/25/22								
03/28/22								
03/29/22								
03/30/22								
03/31/22								
04/01/22								
	•	l ed information e sheet. *Prid			•	L or required to wo	ork or perfori	m duties
Employee's	Signature			-	Supervisor's	s Signature		

Employee Number:

Location:						Pay Period: 4/3	/22-4/16/22		
DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE	
04/04/22									
04/05/22									
04/06/22									
04/07/22									
04/08/22									
04/11/22									
04/12/22									
04/13/22									
04/14/22									
04/15/22	SYSTEM CLOSED								
I certify that the reported information is correct, and I was not permitted or required to work or perform duties not reported on this time sheet. *Prior approval of extra hours required by supervisior.									
Employee's	Employee's Signature Supervisor's Signature								

Employee Number:

Location:						Pay Period: 4/1	7/22-4/30/2	2	
DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE	
04/18/22									
04/19/22									
04/20/22									
04/21/22									
04/22/22									
04/25/22									
04/26/22									
04/27/22									
04/28/22									
04/29/22									
I certify that the reported information is correct, and I was not permitted or required to work or perform duties not reported on this time sheet. *Prior approval of extra hours required by supervisior.									
Employee's	Employee's Signature Supervisor's Signature								

Employee Number:

Location:						Pay Period: 5/1	./22-5/14/22		
DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE	
05/02/22									
05/03/22									
05/04/22									
05/05/22									
05/06/22									
05/09/22									
05/10/22									
05/11/22									
05/12/22									
05/13/22									
I certify that the reported information is correct, and I was not permitted or required to work or perform duties not reported on this time sheet. *Prior approval of extra hours required by supervisior.									
Employee's	Employee's Signature Supervisor's Signature								

		CLITOSI				RECORD		
Employee's	Name:					Employee Num	ber:	
Location:						Pay Period: 5/1	5/22-6/4/22	
DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
05/16/22								
05/17/22								
05/18/22								
05/19/22								
05/20/22								
05/23/22								
05/24/22								
05/25/22								
05/26/22								
05/27/22								
05/30/22	SYSTEM CLOSED							
05/31/22								
06/01/22								
06/02/22								
06/03/22								
	•	d information e sheet. *Prid			•	or required to wo	ork or perfori	n duties
Employee's	Employee's Signature					S Signature		

Employee's	Name:					Employee Num	ber:	
Location:						Pay Period: 6/5	/22-6/18/22	
DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
06/06/22								
06/07/22								
06/08/22								
06/09/22								
06/10/22								
06/13/22								
06/14/22								
06/15/22								
06/16/22								
06/17/22								
		d information				or required to wo	ork or perfori	n duties
Employee's	Signature			_	Supervisor's	s Signature		

Employee's	Name:					Employee Num	ber:	
Location:						Pay Period: 6/1	9/22-6/30/2	2
DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	EXTRA HOURS WORKED	SUPER-VISOR INITIAL*	TOTAL HOURS WORKED	TYPE OF LEAVE
06/20/22								
06/21/22								
06/22/22								
06/23/22								
06/24/22								
06/27/22								
06/28/22								
06/29/22								
06/30/22								
I certify that	the renorte	d information	n is correct	and I was no	t nermitted	or required to wo	ork or nerfor	m duties
	-	a injormation e sheet. *Prid			-		ork of perjori	n uuues
Employee's	mployee's Signature				Supervisor's	s Signature		