Employee's	Name:					Employee Num	ber:	
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								
		d information e sheet. *Pri				or required to wo	ork or perfori	n duties
Employee's	Signature			-	Supervisor's	Signature		

Employee's	Name:	Employee Num	ber:					
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. 6		<u> </u>			, ,	
		d information e sheet. *Prid				or required to wo	ork or perfori	m duties
Employee's	Signature			-	Supervisor's	Signature		

Employee Number:

Employee's Name:

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								
	•	-			•	or required to wo	ork or perfori	n duties
Employee's Signature					Supervisor's	S Signature		

Employee's	nployee's Name: 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								
	-	-			-	or required to wo	ork or perfori	n duties
Employee's	Signature			-	Supervisor's	Signature		

Employee's Name: Employee Number:								
Location:						Pay Period: 8/2	9/21-9/11/2	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
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 information e sheet. *Prid				or required to wo	ork or perforr	n duties
Employee's Signature				-	Supervisor's	S Signature		

Employee's	Name:			Employee Num	ber:			
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								
		d information e sheet. *Prid				or required to wo	ork or perforn	n duties
Employee's	Employee's Signature				Supervisor's	Signature		

Employee's	Name:					Employee Num	iber:	
Location:						Pay Period: 09/	/26/21-10/9/	'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
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								
	-	-			-	or required to wo	ork or perfori	m duties
Employee's	Signature			-	Supervisor's	s Signature		

Employee Number:

Employee's Name:

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								
	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	mployee's Signature Supervisor's Signature							

Employee's Name: Employee Number:								
Location:						Pay Period: 10/	/24/11-11/6/	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								
		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 Num	ber:			
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								
11/22/21	SYSTEM CLOSED							
11/23/21	SYSTEM CLOSED SYSTEM							
11/24/21	CLOSED SYSTEM							
11/25/21	CLOSED SYSTEM							
11/26/21	CLOSED							
	•	-			•	or required to wo	ork or perfori	m duties
Employee's	Signature			-	Supervisor's	s Signature		

Employee's	Name:			Employee Num	ber:			
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								
L cortifu that	the reporte	d information	n is correct	and Lwas no	t normitted o	or required to we	ark or portor	m dutios
	•	e sheet. *Prid			•	or required to wo y supervisior.	ork or perjori	n auties
Employee's Signature					Supervisor's	S Signature		

Employee's	Name:				Employee Number: Pay Period: 12/12/21-1/1/22 T EXTRA HOURS WORKED INITIAL* TYPE OF LEAVE TYPE OF LEAVE			
Location:					Pay Period: 12/12/21-1/1/22 EXTRA HOURS SUPER-VISOR HOURS INITIAL* TYPE			22
DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	HOURS		HOURS	
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							
12/22/21	SYSTEM CLOSED							
12/23/21	SYSTEM CLOSED							
12/24/21	SYSTEM CLOSED							
12/27/21	SYSTEM CLOSED							
12/28/21	SYSTEM CLOSED SYSTEM							
12/29/21	CLOSED SYSTEM							
12/30/21	CLOSED							
12/31/21	SYSTEM CLOSED							
	-	-			-	-	ork or perfor	m duties
Employee's	Employee's Signature				Supervisor's	s Signature		

Employee's	Name:				I HOURS I I HOURS I I			
Location:						Pay Period: 1/2	/22-1/15/22	
DATES	TIME IN A.M.	LUNCH TIME OUT	LUNCH TIME IN	TIME OUT P.M.	HOURS		HOURS	
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								
		ed information e sheet. *Prid				or required to wo	ork or perfori	n duties
Employee's	Signature			-	Supervisor's	Signature		

Employee's Name: 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								
		ed information e sheet. *Prid				or required to wo	ork or perfori	m duties
Employee's Signature				-	Supervisor's	s Signature		

Employee's Name: Employee Number:									
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				or required to wo	ork or perfori	n duties	
Employee's Signature					Supervisor's Signature				

Employee's	Name:	e: 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 informatior e sheet. *Prid			-	or required to wo	ork or perforr	n duties
Employee's	Signature			-	Supervisor's	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								
03/14/22	SYSTEM CLOSED							
03/15/22	SYSTEM CLOSED SYSTEM							
03/16/22	CLOSED SYSTEM							
03/17/22	CLOSED SYSTEM							
03/18/22	CLOSED	d information	n is correct	and I was no	t nermitted (or required to wo	ork or perfor	m duties
	-	e sheet. *Prid			-	-	on perjoin	ii ddiles
Employee's	Signature			-	Supervisor's	s Signature		

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										
	-	ed information e sheet. *Pri			-	or required to wo	ork or perfori	n duties		
Employee's	Signature			-	Supervisor's	S Signature				

Employee Number:

Employee's Name:

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								
04/13/22								
04/14/22								
04/15/22	SYSTEM CLOSED							
		I d information e sheet. *Prid				I or required to wo	ork or perfori	n duties
Employee's	Signature				Supervisor's	s Signature		

Employee Number:

Employee's Name:

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								
		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: 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								
		ed information				or required to wo	ork or perfori	m duties
Employee's	Signature			-	Supervisor's	S Signature		

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								
05/30/21	SYSTEM CLOSED							
05/31/21								
06/01/21								
06/02/21								
06/03/21								
	-	d information e sheet. *Prid			-	or required to wo y supervisior.	ork or perfori	n duties
Employee's Signature Supervisor's Signature								

Employee's Name: Employee Number:								
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 Number:								
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								
		d informatior e sheet. *Prid				or required to wo	ork or perforr	n duties
Employee's	Signature			-	Supervisor's	Signature		