Employee's	Name:		Employee Number:			
Location:					Pay Period: 7/1/	/23-7/8/23
DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
07/03/23						
07/04/23	SYSTEM CLOSED					
07/05/23						
07/06/23						
07/07/23						
					required to work ed by supervisior	
Employee's	Signature		•	Supervisor's Sig	nature	

Employee's	Name:		Employee Number:				
Location:					Pay Period: 7/9,	/23-7/29/23	
DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER	
07/10/23							
07/11/23							
07/12/23							
07/13/23							
07/14/23							
07/17/23							
07/18/23							
07/19/23							
07/20/23							
07/21/23							
07/24/23							
07/25/23							
07/26/23							
07/27/23							
07/28/23							
					required to work ed by supervisior		
Employee's	Signature			Supervisor's Signature			

Employee's Name: Employee Number:						
Location:					Pay Period: 7/30	0/23-8/12/23
DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
07/31/23						
08/01/23						
08/02/23						
08/03/23						
08/04/23						
08/07/23						
08/08/23						
08/09/23						
08/10/23						
08/11/23						
					required to work ed by supervisior	
Employee's S	Signature		•	Supervisor's Sig	nature	

Employee's	Name:	Employee Number:				
Location:					Pay Period: 8/1	3/23-8/26/23
DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
08/14/23						
08/15/23						
08/16/23						
08/17/23						
08/18/23						
08/21/23						
08/22/23						
08/23/23						
08/24/23						
08/25/23						
					required to work ed by supervision	
Employee's Signature Supervisor's Signature						

Employee's	Name:		Employee Number:			
Location:					Pay Period: 8/2	7/23-9/9/23
DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
08/28/23						
08/29/23						
08/30/23						
08/31/23						
09/01/23						
	CVCTTA					
09/04/23	SYSTEM CLOSED					
09/05/23						
09/06/23						
09/07/23						
09/08/23						
					required to work ed by supervisior	
Employee's	Signature			Supervisor's Sig	nature	

Location:						
				Pay Period: 9/10/23-9/23/23		
DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
09/11/23						
09/12/23						
09/13/23						
09/14/23						
09/15/23						
09/18/23						
09/19/23						
09/20/23						
09/21/23						
09/22/23						
	eported on this ti		or approval of ex	-	required to work ed by supervision	

Employee's I	Name:	Employee Number:							
Location:	Location: Pay Period: 9/24/23-10/14/23								
DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER			
09/25/23									
09/26/23									
09/27/23									
09/28/23									
09/29/23									
10/02/23									
10/03/23									
10/04/23									
10/05/23									
10/06/23									
10/09/23									
10/10/23	CVCTEAA								
10/11/23	SYSTEM CLOSED								
10/12/23	SYSTEM CLOSED								
10/13/23	SYSTEM CLOSED								
					required to work red by supervision				
Employee's Signature Supervisor's Signature									

Employee's	Name:	Employee Number:				
Location:					Pay Period: 10/2	15/23-10/28/23
DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
10/16/23						
10/17/23						
10/18/23						
10/19/23						
10/20/23						
10/23/23						
10/24/23						
10/25/23						
10/26/23						
10/27/23						
					required to work ed by supervisior	
Employee's	Signature			Supervisor's Sig	nature	

Employee's I	Name:	Employee Number:					
Location:				Pay Period: 10/29/2			
DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER	
10/30/23							
10/31/23							
11/01/23							
11/02/23							
11/03/23							
11/06/23							
11/07/23							
11/08/23							
11/09/23							
11/10/23							
					required to work ed by supervisior		
Employee's S	Signature			Supervisor's Sig	nature		

Employee's	Name:	Employee Number:				
Location:					Pay Period: 11/1	12/23-11/25/23
DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
11/13/23						
11/14/23						
11/15/23						
11/16/23						
11/17/23						
11/20/23	SYSTEM CLOSED					
11/21/23	SYSTEM CLOSED					
11/22/23	SYSTEM CLOSED					
11/23/23	SYSTEM CLOSED					
11/24/23	SYSTEM CLOSED					
					required to work ed by supervisior	
Employee's	Signature			Supervisor's Sig	nature	

me:		Employee Number:			
				Pay Period: 11/2	26/23-12/9/23
WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
					_
-			-	•	
nature			Supervisor's Sig	gnature	
	e reported inj	work SICK e reported information is cornerted on this time sheet. *Price	WORK SICK HOLIDAY	WORK SICK HOLIDAY VACATION	Pay Period: 11/2 WORK SICK HOLIDAY VACATION PERSONAL Personal

Employee's I	Name:	Employee Number:				
Location:					Pay Period: 12/1	10/23-12/30/23
DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
12/11/23						
12/12/23						
12/13/23						
12/14/23						
12/15/23						
12/18/23						
12/19/23	SYSTEM CLOSED SYSTEM					
12/20/23	CLOSED SYSTEM					
12/21/23	CLOSED SYSTEM					
12/22/23	CLOSED					
12/25/23	SYSTEM CLOSED SYSTEM					
12/26/23	CLOSED SYSTEM					
12/27/23	CLOSED SYSTEM					
12/28/23	CLOSED SYSTEM					
12/29/23	CLOSED	oformation is ser	roct and lugar	not parmitted as	required to work	or parform
	-	-			required to work red by supervisior	
Employee's S	Signature		_	Supervisor's Sig	nature	

Employee's	Name:	Employee Number:				
Location:					Pay Period: 12/	31/23-1/13/24
DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
01/01/24	SYSTEM CLOSED					
01/02/24						
01/03/24						
01/04/24						
01/05/24						
01/08/24						
01/09/24						
01/10/24						
01/11/24						
01/12/24						
					required to work ed by supervision	
Employee's	Signature		-	Supervisor's Sig	nature	

Employee's	Name:	Employee Numl	ber:			
Location:					Pay Period: 1/14	4/24-1/27/24
DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
01/15/24	SYSTEM CLOSED					
01/16/24						
01/17/24						
01/18/24						
01/19/24						
01/22/24						
01/23/24						
01/24/24						
01/25/24						
01/26/24						
					required to work ed by supervision	
Employee's	Signature		-	Supervisor's Sig	nature	

Employee's	Name:	Employee Number:				
Location:				Pay Period: 1/28/24-2/10/24		
DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
01/29/24						
01/30/24						
01/31/24						
02/01/24						
02/02/24						
02/05/24						
02/06/24						
02/07/24						
02/08/24						
02/09/24						
					required to work ed by supervisior	
Employee's	Signature			Supervisor's Sig	nature	

Employee's	Name:	Employee Number:					
Location:	Location: Pay Period: 2/11/24-2/24						
DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER	
02/12/24							
02/13/24							
02/14/24							
02/15/24							
02/16/24							
02/19/24							
02/20/24							
02/21/24							
02/22/24							
02/23/24							
					required to work ed by supervision		
Employee's Signature Supervisor's Signature							

Employee's N	lame:		Employee Number:			
Location:				Pay Period: 2/25/24-3/16/24		
DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
02/26/24						
02/27/24						
02/28/24						
02/29/24						
03/01/24						
03/04/24						
03/05/24						
03/06/24						
03/07/24						
03/08/24						
3/11/2024	SYSTEM CLOSED SYSTEM					
3/12/2024	CLOSED SYSTEM					
3/13/2024	CLOSED SYSTEM					
3/14/2024	CLOSED SYSTEM					
				•	required to work ed by supervisior	
auties not rep	oortea on triis t	anie sneet. PMC	л арргочагој ех	a a nours requir	eu by supervisior	•
Employee's S	ignature		-	Supervisor's Sig	gnature	

Employee's N	Name:		Employee Number:				
Location:				Pay Period: 3/17/24-3/30/24			
DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER	
03/18/24							
03/19/24							
03/20/24							
03/21/24							
03/22/24							
03/25/24							
03/26/24							
03/27/24							
03/28/24							
03/29/24	SYSTEM CLOSED						
					required to work red by supervision		
Employee's S	Signature			Supervisor's Sig	gnature		

Employee's I	Name:		Employee Numb	oer:		
Location:				Pay Period: 3/31/24-4/13		
DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
04/01/24						
04/02/24						
04/03/24						
04/04/24						
04/05/24						
04/08/24						
04/09/24						
04/10/24						
04/11/24						
04/12/24						
					required to work red by supervisior	
Employee's S	Signature		-	Supervisor's Sig	gnature	

Employee's	Name:	Employee Number:					
Location:					Pay Period: 4/1	/14/24-4/27/24	
DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER	
04/15/24							
04/16/24							
04/17/24							
04/18/24							
04/19/24							
04/22/24							
04/23/24							
04/24/24							
04/25/24							
04/26/24							
					required to work red by supervision		
Employee's	Signature			Supervisor's Sig	gnature		

Employee Number:

Employee's Name:

Location:					Pay Period: 4/2	8/24-5/11/24
DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
04/29/24						
04/30/24						
05/01/24						
05/02/24						
05/03/24						
05/06/24						
05/07/24						
05/08/24						
05/09/24						
05/10/24						
	-			-	required to work red by supervision	
Employee's Signature Supervisor's Signature						

Employee's N	lame:	Employee Number:				
Location:					Pay Period: 5/12	2/24-5/25/24
DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
05/13/24						
05/14/24						
05/15/24						
05/16/24						
05/17/24						
05/20/24						
05/21/24						
05/22/24						
05/23/24						
05/24/24						
					required to work red by supervision	
Employee's S	ignature		-	Supervisor's Sig	nature	

Employee's	Name:	Employee Number:				
Location: Pay Period: 5/26/2						
DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER
05/27/24	SYSTEM CLOSED					
05/28/24						
05/29/24						
05/30/24						
05/31/24						
06/03/24						
06/04/24						
06/05/24						
06/06/24						
06/07/24						
06/10/24						
06/11/24						
06/12/24						
06/13/24						
06/14/24						
					required to work ed by supervisior	
Employee's	Signature		_	Supervisor's Sig	nature	

Employee's I	Name:	Employee Number:					
Location:				Pay Period: 6/16/24-6			
DATES	WORK	SICK	HOLIDAY	VACATION	PERSONAL	OTHER	
06/17/24							
06/18/24							
06/19/24							
06/20/24							
06/21/24							
06/24/24							
06/25/24							
06/26/24							
06/27/24							
06/28/24							
					required to work ed by supervisior		
Employee's S	Signature			Supervisor's Sig	gnature		