

SUB-BOARD I, INC. EMPLOYEE TIME SHEET

Clock No.: _____

Name: _____

Period: _____ FROM _____ TO _____

Organization: _____

Budgetary Account No.: _____

Position: _____

Social Security Number: _____

Date	Hours Worked						Leave Taken				TOTAL HOURS	REMARKS	TOTAL MILES	
	IN	Lunch		Dinner		OUT	ANNUAL	SICK	COMP TIME	PERSONAL				
		OUT	IN	OUT	IN									
M 1/0														
T 1/1														
W 1/2														
T 1/3														
F 1/4														
S 1/5														
S 1/6														
WEEKLY TOTAL →												Overtime	Comp. Time	Miles
M 1/7														
T 1/8														
W 1/9														
T 1/10														
F 1/11														
S 1/12														
S 1/13														
WEEKLY TOTAL →												Overtime	Comp. Time	Miles
BI-WEEKLY TIME SHEET TOTALS →												Overtime	Comp. Time	Miles

ACCRUAL SUMMARY					EMPLOYEE TRAVEL REIMBURSEMENTS
EFFECTIVE DATE FOR: (a) Crediting A L _____ (b) Crediting P L _____	ANNUAL LEAVE	SICK LEAVE	COMP TIME	PERSONAL LEAVE	Expenses (tolls, parking) (Attach receipts): \$ _____
BALANCE BROUGHT FORWARD				-	MILES X RATE = REIMB
+ CREDITS EARNED THIS PERIOD			-		FOR AUDIT PURPOSES ONLY:
SUB-TOTAL	-	-	-		
- CHARGES THIS PERIOD	-	-	-	-	
BALANCE CARRIED FORWARD	-	-	-	-	

CERTIFIED CORRECT: _____ Employee
 _____ Supervisor