

Sub-Board I, Inc. Employee Time Sheet

Appendix K

Clock No.:

Period:

From:

To:

Name:

Department:

Organization:

Account Number:

Job Title:

Timesheet due at SBI no later than 4:00PM:

Exempt/Nonexempt:

Date		Hours Worked						Leave Taken						Remarks	
		In	Lunch		Dinner		Out	Annual	Sick	Comp.	Personal	Holiday	Total		Total
			Out	In	Out	In						Leave	Hours		Miles
M															
T															
W															
T															
F															
S															
S															

Weekly Total													Overtime	Comp.	Miles
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M															
T															
W															
T															
F															
S															
S															

Weekly Total													Overtime	Comp.	Miles
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BI-WEEKLY TIME SHEET TOTALS								Annual	Sick	Comp.	Personal	Holiday		Overtime	Comp.	Miles

ACCRUAL SUMMARY						Employee Travel Reimbursement		
Effective date for:		Annual Leave	Sick Leave	Compensatory Time	Personal Leave	Miles	X	Rate
(a) Crediting A L								
(b) Crediting P L						Expenses (tolls, parking, etc.) (attach receipts)		
Balance brought forward								
+ Credits earned this period						Total reimbursement		
Subtotal								
Leave taken this period						For audit purposes only:		
Balance carried forward								

Certified correct: _____ Employee

Certified correct: _____ Supervisor