

ACCOUNTING TIME SHEET

| Manager Name: Toke Boom | 000 | | | | | | | | | | | | | | | - | | į | SOUNI INCOMIN | BOOM INCOMIN | | | | | | | | | | |
|--|----------------|-------------|-----------|---------|---------|-----------|-----------------------------|-----------|------------|---------------|----------|-----------------|--------|---------|-----------|---------|-------|----|---------------|--------------|----|----------|----|----|-------|-------|-----------|---------|----|--------|
| | | | | | | | | П | | ' | | | | - 1 | Month | 2 | From: | : | | 1-Sep-19 | 19 | | 1 | | To: | . 7 | 30-Sep-19 | | 19 | -19 |
| DATE 1 | 2 | w | 4 | Ch | 6 | 7 | 00 | 9 | 10 | = | 12 | | 13 | 4 | 5 | 6 | 17 | ₹ | 19 | 20 | 21 | 22 | 23 | 24 | 25 | | 26 | | 27 | 27 28 |
| | | | \forall | T | | | \forall | | + | + | + | + | + | \perp | | | | | | | | | | | + | + | | | | |
| Work Hrs | 00 | 00 | 00 | 00 | 00 | 4 | | 00 | 00 | 00 | 00 | | 00 | 4 | | 00 | 00 | 00 | 00 | 00 | 4 | | 00 | 00 | 00 | | 00 | | 00 | 8 |
| OT Hrs | | | | | | | | | | + | + | + | 1 | _ | Ц | | | | | | | | | | 1 | 1 | - | | | + |
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| H-Holiday | | | | | | _ | | | | - | | | - | _ | | | | | | | | | | Г | | | | | | + |
| AL-Annual Leave | | | | | | | | - | | | | - | | | | | | | | | | | | - | | | | | | + |
| S-Sick Leave | | | | | | | | - | H | l | - | | | Н | | | | | | | | | | | + | + | | 1 1 . | | |
| U-Unpaid Leave | | | | | | | | | + | | + | + | | | | | | | | | | | | | | | | 1 1 1 1 | | |
| C-Comp Off | | | | | | | | | 1 | H | | H | | | | | | | | | | | | | | | | | | |
| W-Sat & Sun W | | | | | | | | | | | | +++ | | | | | | | | | | | | | 1111 | | | | | |
| Total | 1 | | | | | 11111 | 8 | | 200.705 | | ++++ | ++++ | +++++ | +++++ | * | | | | | | | * | | | 11111 | +++++ | | | | ++++++ |
| Pls write the corresponding alphabets (L for annual leave, S for sick leave, C for Comp off) against the appropriate date. | | | | | | | 8 | | 200-900 | | | | | | * | | | | | | | 8 | | | | | | | | |
| Total No. of Days Worked: | S (L fc | or ann | ual lea | ave, S | for sic | k leav | (e, C) | or Co | np od | | .) ag | ainst t | the ar | ppropi | w W | late. | | | | | | 8 | | | | | | | | |
| I CERTIFY THAT THE ABOVE IS A TRUE RECORD OF MY TIME FOR THIS PERIOD. | S (L fo | or ann | ual leav | S we, s | for sic | k leav | Tota | or Co | of B | Ilable | OT H | W against the a | the ap | ppropu | W viate o | late. | 8 | | | | | * | | | | | | | | |
| | TRUE S. (L. fo | or ann | Ual lea | OF N. S | for sic | K leav | Tota THIS | PER OF CO | OD. of B | llable | OT H | ainst t | ays: | prop | riate a | | | | | | | * | | | | | | | | |
| (Employee Signature | TRUE | or ann | ORD 22 | OF My S | for sic | I FOR | w E Total No. of Billable (| PER No. | of B | llable | 01 H | ainst t | ays: | prop | riate a | late. | | | | | | * | | | | | | | | |
| 3 | TRUE S (L fo | PREC Or ann | ORD 122 | OF MY | for sic | K leav | Total W | PER PER | of B | llable | OT F 199 | inst t | ays: | prop | riate o | | | | | | | * | | | | | | | | |
| Supervisor Signature | TRUE S (L fo | : REC | ORD 22 | OF N. S | for sic | FOR least | Total Total Total Date | PERI No. | IOD. of Bu | llable llable | OT F | ainst t | ays: | gond | riate o | Notes . | | | | | | | | | | | | | | |

Attn: The HR Department

Please Email This Form, Duly Signed To:

** Leave Applications must be faxed with the Timesheets!