



Employee Name

EID Number

Department

Division


Pay Period    Begin Date (Monday)


### Week 1

Arrival Time	M	T	W	TH	F	S	S
Time In							
Time Out							
Time In							
Time Out							
Time In							
Time Out							
Attendance / Absence Type							
R							Total

ATTENDANCE TYPES	
R	Regular Hours Worked
ABSENCE TYPES	
CA	WCMC Court Appearance
	INTERMITTENT LEAVE
PFL	PFL (Benefit Hours)
PFLS	PFL Sick

### Week 2

Arrival Time	M	T	W	TH	F	S	S
Time In							
Time Out							
Time In							
Time Out							
Time In							
Time Out							
Attendance / Absence Type							
R							Total

Employee Signature

Date

The information on this form is true and complete to the best of my knowledge.

Accepted by Supervisor