

Name _____

Period Ending March 24, 2014

Work Location _____

Property ID/Project # _____

Unless approved by your supervisor, all time off will be considered an unexcused absence. Be specific in noting reasons for absence. Indicate actual hours worked to the nearest quarter hour. Do not include hours not actually worked (i.e. sick days, vacation days, etc.) Any overtime must be approved in advance. Timesheets must be turned in by the due date.

DAY	DATE	MORNING		AFTERNOON		REGULAR HOURS	OVERTIME	RESIDENT MANAGER APPROVAL	COMMENTS
		IN	OUT	IN	OUT				
SAT	3/8								
SUN	3/9								
MON	3/10								
TUE	3/11								
WED	3/12								
THU	3/13								
FRI	3/14								
SAT	3/15								
SUN	3/16								
MON	3/17								
TUE	3/18								
WED	3/19								
THU	3/20								
FRI	3/21								
SAT	3/22								
SUN	3/23								
MON	3/24								FAX TO OFFICE
TOTAL									

I certify that the above is a correct record of my time worked for the period indicated.

Employee's Signature _____

Supervisor's Instructions:

_____ Approved as appears
 _____ Pay overtime for _____ hours
 _____ Deduct for _____ hours undertime
 _____ Other

Supervisor's Signature C-400-A _____

Date _____