

CENTENARY COLLEGE OF LOUISIANA
 Administrative (Exempt) Staff Attendance Sheet

Note: All time sheets are due into
 Payroll Office not later than
 the 10th of each month

DEPARTMENT OF _____

MONTH AND YEAR _____

EMPLOYEE'S NAME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Social Security #	Total Vacation Hours Used																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Total Sick Hours Used																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Total Vacation Hours Used																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Total Sick Hours Used																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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	Total Sick Hours Used																														
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- V = Regular Work Day
- / = Indicates Partial Day by # Hours Worked
- S = Sick Day (Sick Day not counted toward hrs. worked)
- B = Bereavement
- A = Vacation
- I = Workers Compensation Injury
- H = Holiday (s)

EMPLOYEE SIGNATURE _____

DATE _____

APPROVED BY _____

DATE _____