

PAY PERIOD: _____



COMMUNITY ACTION COUNCIL OF SOUTH TEXAS EMPLOYEE TIME RECORD

I certify that the time shown is correct and that all leave has been properly recorded.

Last Name _____ First _____ Initial _____ Employee# _____

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

(1) Activity	(2) Codes	(3) Productive Hours	(4) % of Productive Hours	(5) Earned Leave Hours	(6) Special Leave Hours	(7) Subtotal Hours	(8) Subtotal FTE Basis Hours	(9) Holiday Hours	(10) Total Hours	(11) Total FTE Basis Hours	Sat.	Sun.	Mon.	Tues.	Wed.	Thur.	Fri.			
											Sat.	Sun.	Mon.	Tues.	Wed.	Thur.	Fri.			
A)																				
B)																				
C)																				
D)																				
E)																				
F)																				
G)																				
H)																				
I)																				
J)																				
K)																				
L)																				
M)																				
N)																				
O) TOTAL PRODUCTIVE HOURS			100%	1.	2.		%	3.		%										
P) EARNED LEAVE	9951	1.																		
Q) SPECIAL LEAVE	9954	2.																		
R) HOLIDAY	9953	3.																		
S) LEAVE WITHOUT PAY	9958																			
T) TOTAL HOURS																				
TOTAL CODES (Control, Add Code #s)																				