

NON-EXEMPT EMPLOYEE TIME / LEAVE RECORD

NAME _____ PARISH/SCHOOL/DEPT _____ PAY PERIOD ENDING ____ / ____ / ____

NON-EXEMPT EMPLOYEE												COMMENTS
DATE	TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	TOTAL STRAIGHT TIME HOURS	TOTAL OVERTIME HOURS	HOURS WORKED	HOURS USED				
								VACATION	SICK	OTHER* Code/Hours		
1	16											
2	17											
3	18											
4	19											
5	20											
6	21											
7	22											
8	23											
9	24											
10	25											
11	26											
12	27											
13	28											
14	29											
15	30											
	31											
TOTAL												

* OTHER CODES: *F = Floating Holiday* *H = Diocesan-Paid Holiday* *VT = Voting Time* *W = Workers' Comp*
 J = Jury Duty *E = Bereavement* *LS = Legal Service / Witness Duty* *L = Medical Family Leave (MFL)*

<p>PLEASE INDICATE ANY PAY ADJUSTMENTS FROM PREVIOUS PAY PERIOD.</p> <p>DATE _____ HOURS _____ REASON _____</p> <p>DATE _____ HOURS _____ REASON _____</p> <p>DATE _____ HOURS _____ REASON _____</p> <p>DATE _____ HOURS _____ REASON _____</p>	<p>I certify that the above accurately records my hours of work and that I have been provided all of my statutory meal and rest periods.</p> <p>Employee Signature _____ Date _____</p> <p>Supervisor's Signature _____ Date _____</p>
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