Office of Juvenile Justice

SIGN-IN / SIGN-OUT SHEET

NAME: _____ **ISIS HR#:** _____

PAYROLL PERIOD: ___/___/___ **to** ___/___/___ **SECTION:** _____

	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	# of Hrs Worked	LEAVE TAKEN	K-TIME EARNED	EMP INTLS
MON		□AM □PM	□AM □PM	□AM □PM	□AM □PM				
TUES		□AM □PM	□AM □PM	□AM □PM	□AM □PM				
WED		□AM □PM	□AM □PM	□AM □PM	□AM □PM				
THUR		□AM □PM	□AM □PM	□AM □PM	□AM □PM				
FRI		□AM □PM	□AM □PM	□AM □PM	□AM □PM				
SAT		□AM □PM	□AM □PM	□AM □PM	□AM □PM				
SUN		□AM □PM	□AM □PM	□AM □PM	□AM □PM				
MON		□AM □PM	□AM □PM	□AM □PM	□AM □PM				
TUES		□AM □PM	□AM □PM	□AM □PM	□AM □PM				
WED		□AM □PM	□AM □PM	□AM □PM	□AM □PM				
THUR		□AM □PM	□AM □PM	□AM □PM	□AM □PM				
FRI		□AM □PM	□AM □PM	□AM □PM	□AM □PM				
SAT		□AM □PM	□AM □PM	□AM □PM	□AM □PM				
SUN		□AM □PM	□AM □PM	□AM □PM	□AM □PM				
	TOTAL								

I certify that the hours recorded above on this employee are correct:

_____ _____

APPROVED BY **DATE**

Leave Codes: Annual Leave – LA/LAFM/LALB
Sick Leave – LB/FMLB
Family Medical Leave – FMLB
Workers'Compensation – LD/LDFM
Leave without Pay – LW/LWFM/LWM

Regualar Attendance – ZA01
Overtime Hours – Z001/ZA04/ZA05
Holiday – LH/LHDH
Special Leave – LF/LSOC/LJ
LMAL/LMTL/ZTRN/ZTST