

LOUISIANA OFFICE OF JUVENILE JUSTICE

Assigned Unit
TIMESHEET

EMPLOYEE NAME: (PLEASE PRINT) Jane Doe						FLSA Status Exempt Non-Exempt						PERSONNEL NUMBER: P00000123			PAY PERIOD FROM 08/20/12 TO 09/02/12				
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						Leave Taken							K-Time Earned			Paid Overtime						
	DATE	IN	OUT	IN	OUT	REGULAR	ANNUAL (LA)	SICK (LB)	HOLIDAY (LHDH)	OTHER Hours	CODE (see Coding page)	REG TOTAL	K-time straight rate ZA04	K time 1.5 rate ZA05	K-Time System Calc Z001	OT Paid straight rate ZA02	Paid OT 1.5 rate ZA03	Paid OT System Calc Z002	DAILY TOTAL	ON CALL (0062)	SHIFT DIFF HOURS	COMMENTS (see INSTRUCTIONS)
MON	8/20											0.00							0.00			
TUE	8/21											0.00							0.00			
WED	8/22											0.00							0.00			
THU	8/23											0.00							0.00			
FRI	8/24											0.00							0.00			
SAT	8/25											0.00							0.00			
SUN	8/26											0.00							0.00			
MON	8/27											0.00							0.00			
TUE	8/28											0.00							0.00			
WED	8/29											0.00							0.00			
THU	8/30											0.00							0.00			
FRI	8/31											0.00							0.00			
SAT	9/1											0.00							0.00			
SUN	9/2											0.00							0.00			
TOTALS						0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0	

I certify that the above information is true and correct:												I certify that the above information is true and correct:											
EMPLOYEE SIGNATURE:												SIGNATURE OF IMMEDIATE SUPERVISOR:											
DATE:												DATE:											