

TTHS DISTRICT 205 ADMINISTRATIVE ASSISTANT TIME WORKED & MISSED REPORT

Employee Name _____

Payroll Period Ending ____/____/____

Account Number _____

Last 4 Digits of Social Security # XXX - XX - _____

Date	Description
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	

Contractual 10% Temp Assign Earned	Comp Time Earned	Overtime Earned

Sick Days Used	Vacation Days Used	Personal/ Floater Used	Comp Time Used

TOTAL _____

TOTAL _____

Employee Signature _____

Supervisor's Signature _____