

DEPARTMENT _____

NAME _____

BUILDING _____ SOC. SEC. # _____

PAY PERIOD _____

MO/DATE	HOURS FROM	TO	TOTAL HOURS	REASON FOR ABSENCE**

REG. HRS. FOR WEEK _____ O.T. HOURS _____

REG. HRS. FOR WEEK _____ O.T. HOURS _____

REG. HRS. FOR WEEK _____ O.T. HOURS _____

REG. HRS. FOR PAY PERIOD _____

RATE PER HR. _____ O.T. HRS. TOTAL _____

SIGNATURE _____

APPROVAL _____ ATTACH***** ABSENTEE SLIPS

DEPARTMENT _____

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