COMPANY NAME

North Central
District Health Department

EMPLOYEE SIGNATURE _____

APPROVED BY _____

TOTAL HOURS 0

WEEK 1							WEEK2							Temporary Dept. Number 18-23	HOURS							
															Regular 1 Hours 25-29		Overtime 2 Hours 02		Hours 3 03		Hours 4 04	
1 SA	2 SU	3 M	4 TU	5 W	6 TH	7 F	1 SA	2 SU	3 M	4 TU	5 W	6 TH	7 F						CODE		CODE	
															0.0							
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0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	18	24 9	25-29	02	03		04		
																0						

Clear Form | Submit Form | Print Form | Save Form

Hours Worked 0.0

Leave Taken _____

Hours Worked 0.0

Leave Taken _____

CODE	HOURS			
	Regular 1	Overtime 2	Hours 3	Hours 4