

EARNINGS RECORD

WORK WEEK

Department _____

Beginning _____

Ending _____

Employee Name _____

Exempt

Social Security Number _____

Non-Exempt

TOTAL HOURS	ACTIVITY CODE	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	Leave Without Pay							
	Vacation							
	sick Pay							
	Military Pay							
	Jury Duty							
	Educational Leave With Pay							
	Holiday							
	Overtime							
	TOTAL							

I certify that the above record of my daily and weekly hours worked is true and correct to the best of my knowledge and belief.

To the best of my knowledge and belief the employee listed hereon rendered the services claimed.

Signature of Employee

Supervisor