

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 (including start & end times)
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Contractual 20% 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 _____