

# York Institute Daily Time Sheet

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Work Period \_\_\_\_\_ to \_\_\_\_\_

Date	Starting Time	Breaks	Ending Time	Total Hours Worked	Explanation of Overtime/Leave
<b>Total Hours for Pay Period</b>				0	

0

I certify that this is a complete record of the time worked by me during this pay period.

\_\_\_\_\_  
Employee's Signature  
Revised 02/99

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Timekeeper's Signature

## STATE OF TENNESSEE EMPLOYEE ATTENDANCE AND LEAVE AUTHORIZATION FORM

Name \_\_\_\_\_ ID# \_\_\_\_\_ Pay Period \_\_\_\_\_ Yr \_\_\_\_\_ Dept/Div \_\_\_\_\_ Program \_\_\_\_\_

LV/OT	LV/OT Begin		LV/OT Ending		Total Hour		Supervisor Authorization			Reason/Comments
	Date	Time	Date	Time	Hours	Type	Yes/No	Initials	Date	

Other than the leave or overtime periods listed above, all other time was worked as scheduled.

I certify that this record is accurate to the best of my knowledge:

\_\_\_\_\_  
Employee Date

\_\_\_\_\_  
Supervisor Date

\_\_\_\_\_  
Timekeeper Date