

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

0

Total Hours for Pay Period	0
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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