$\qquad$

You must record a) all actual time worked, b) your actual starting/stopping times each work day, and c) the actual times that you leave and return to work for any partial day absences, as required by the Fair Labor Standards Act.

Email
Work Location \& Department
Job Title

Ending Date

| Ending Date |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Month | Day** | Time In | Time Out | Time In | Time Out | Time In | Time Out | Time In | Time Out | Hours Worked | Supervisor Initials As Needed* |
| 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |  |  |  |  |  |
| 23 |  |  |  |  |  |  |  |  |  |  |  |
| 24 |  |  |  |  |  |  |  |  |  |  |  |
| 25 |  |  |  |  |  |  |  |  |  |  |  |
| 26 |  |  |  |  |  |  |  |  |  |  |  |
| 27 |  |  |  |  |  |  |  |  |  |  |  |
| 28 |  |  |  |  |  |  |  |  |  |  |  |
| 29 |  |  |  |  |  |  |  |  |  |  |  |
| 30 |  |  |  |  |  |  |  |  |  |  |  |
| 31 |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | Total |  |  |


| The following hours (with dates) were <br> sick time: <br> The following hours (with dates) were <br> vacation time: <br> I certify that I have reported on this time sheet <br> all working time during each work week of <br> this payroll period, and that I have not omitted <br> any hours worked, including any overtime <br> hours, from this time sheet. I understand that <br> false, misleading, or omitted information on <br> this report may result in the termination of my <br> employment. <br> * <br> Employee's Signature <br> * <br> Date <br> Supervisor's Signature |
| :--- |

*You must obtain your Supervisor's prior approval for any additional working time or overtime beyond your scheduled hours and have him/her initial this time on that date. **Conference hourly employees may not perform assigned ministry on the Sabbath except in accordance with the NAD Working Policy and the prior approval of their Supervisor.

[^0][^1]
[^0]:    *You must obtain your supervisor's prior approval for any additional working time or overtime beyond your scheduled hours and have him/her initial this time on that date.

[^1]:    **Conference hourly employees may not perform assigned minisitry on the Sabbath except in accordance with the NAD Working Policy and the prior approval of their Supervisor.

