



EXEMPT STAFF TIME SHEET

Name: _____

Month: _____ Year: _____

Location : _____

Position: _____

Date	Code	Comments	Date	Code	Comments
1			17		
2			18		
3			19		
4			20		
5			21		
6			22		
7			23		
8			24		
9			25		
10			26		
11			27		
12			28		
13			29		
14			30		
15			31		
16					

Please provide specific details for any leave entry.

CODES:

- W - Worked
- H - Statutory Holiday
- S - Sick or Medical appointment
- P - Paid Leave (provide details)
- U - Unpaid Leave (provide details)

Employee Signature

Supervisor Approval (where applicable)