

**HILL COUNTRY COMMUNITY ACTION ASSOCIATION, INC.,
P.O. BOX 846, SAN SABA, TX 76877**

Period Ending: Month Day Year

| 1st - 15th | 16th - 31st | Work | Vacation | Sick | Holiday | Bereave- ment | Excused | Leave w/o Pay | Family Medical Leave |
|--------------|-------------|----------|----------|----------|----------|------------------|----------|------------------|----------------------------|
| 1 | 16 | | | | | | | | |
| 2 | 17 | | | | | | | | |
| 3 | 18 | | | | | | | | |
| 4 | 19 | | | | | | | | |
| 5 | 20 | | | | | | | | |
| 6 | 21 | | | | | | | | |
| 7 | 22 | | | | | | | | |
| 8 | 23 | | | | | | | | |
| 9 | 24 | | | | | | | | |
| 10 | 25 | | | | | | | | |
| 11 | 26 | | | | | | | | |
| 12 | 27 | | | | | | | | |
| 13 | 28 | | | | | | | | |
| 14 | 29 | | | | | | | | |
| 15 | 30 | | | | | | | | |
| | 31 | | | | | | | | |
| | | | | | | | | | |
| | | W | V | S | H | B | E | L | F |
| TOTAL | | | | | | | | | |

EMPLOYEE NAME:

_____ Last First Middle Initial

I certify that this timesheet reflects all compensation for time worked during this pay period.

Employee Signature

Program

Supervisor Signature

Your Location

AGENCY USE ONLY BELOW THIS LINE



TOTAL REGULAR HRS

| |
|--|
| |
| |

TOTAL OT HRS

Note: Erasures or crossouts CANNOT be accepted. Enter actual hours in the appropriate blocks. If part hours are worked, enter your time by the nearest quarter of an hour. Example: 4 hours 15 minutes = 4.25 --- 4 hrs 30 minutes = 4.50 --- 4 hrs 45 minutes = 4.75.

Rev 0104