

PEOPLE'S PLACE, INC. - EMPLOYEE TIMESHEET

For the period: _____

Employee #: _____ Name: _____ Position: _____

Date	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI
Time In														
Time Out														
Time In														
Time Out														
Scheduled Hours														
Worked Hours														
Vacation Hours														
Sick Hours														
Holiday Hours														
Other:														
Total Hours														

Family Medical Leave/Military Leave (FML) – you may be entitled up to 12 weeks of job protected family medical leave or up to 26 weeks of job protected military family leave. You are entitled to FML leave if you have been employed for 12 months and have worked at least 1,250 hours over the previous 12 months. Reference the Leave Policy #110 Exhibit B for qualifying reasons. To request FML please follow the procedures outlined in Exhibit C and complete the FML Request Form, Exhibit D of Policy #110. For additional information contact Human Resources 422-8033.

I hereby declare that this is a true and accurate account of my time worked for the pay period. _____
 Employee Signature Date

SUPERVISOR'S APPROVAL AND SUMMARY OF HOURS WORKED FOR THE PAY PERIOD

Program ID _____ Approved By: _____ Date _____

Pay Code: _____

<u>Hours This Pay</u>	_____	_____	_____
Regular	_____	_____	_____
Over Time	_____	_____	_____
Vacation	_____	_____	_____
Other - Specify	_____	_____	_____
Holiday	_____	_____	_____
Sick	_____	_____	_____
Total Hours	_____	_____	_____

Accounting Use Only

FML: _____
 total # of FML hrs used this payperiod

ADJ _____

Revised 5/09