

Personnel Time Record: EXEMPT EMPLOYEE

REPORT FOR MONTH ENDED :

EMPLOYEE NAME _____	Total Regular Hrs	0.00
EMPLOYEE NO. _____	Total Benefit Hrs	0.00
DEPARTMENT _____	TOTAL HOURS:	0.00

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Date								Total Hours
Total Hours Worked								
Benefit Time Used								
Total Hours								

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Date								Total Hours
Total Hours Worked								
Benefit Time Used								
Total Hours								

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Date								Total Hours
Total Hours Worked								
Benefit Time Used								
Total Hours								

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Date								Total Hours
Total Hours Worked								
Benefit Time Used								
Total Hours								

EMPLOYEE SIGNATURE _____ **SUPERVISOR'S SIGNATURE** _____

Benefit Time (paid time not worked) S - sick time V - vacation P - personal B - bereavement H - Holy day/holiday