



# L.I. Child and Family Development Services, Inc.

## EXEMPT EMPLOYEES TIME SHEET

NAME \_\_\_\_\_ Pay Period: From \_\_\_\_\_ To \_\_\_\_\_

JOB TITLE \_\_\_\_\_

SITE/CENTER \_\_\_\_\_ DEPT. # \_\_\_\_\_

Indicate one of the following for each date: R (Regular), V (Vacation), S (Sick), P (Personal), H (Holiday)

Year: _____	Date	R, V, S, P, H	Year: _____	Date	R, V, S, P, H
	Thursday			Thursday	
	Friday			Friday	
	Monday			Monday	
	Tuesday			Tuesday	
	Wednesday			Wednesday	

The undersigned hereby certify that the foregoing record of time worked and leave hours accrued and taken by the employee named above are correct.

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

HR/20Revised 1/2006