

WEEK OF _____ EMP. NO. _____ NAME _____

DATE	IN	OUT	IN	OUT	IN	OUT	TOTAL	LEAVE HOURS	
SAT								PTO	
SUN								SHORT TERM DISABILITY	
MON								SLR - SELF/CHILD	
TUE								SLR - FAMILY	
WED								HOLIDAY	
THUR								JURY DUTY	
FRI								FUNERAL	
							TOTAL		SUMMER HOURS

TOTAL HOURS WORKED _____

TOTAL LEAVE HOURS _____

WEEK 1 TOTAL HOURS _____

WEEK OF _____

DATE	IN	OUT	IN	OUT	IN	OUT	TOTAL	LEAVE HOURS	
SAT								PTO	
SUN								SHORT TERM DISABILITY	
MON								SLR - SELF/CHILD	
TUE								SLR - FAMILY	
WED								HOLIDAY	
THUR								JURY DUTY	
FRI								FUNERAL	
							TOTAL		SUMMER HOURS

TOTAL HOURS WORKED _____

TOTAL LEAVE HOURS _____

WEEK 2 TOTAL HOURS _____

GRAND TOTAL HOURS _____

THE LAW REQUIRES ACCURATE REPORTING OF ALL TIME WORKED

This is an accurate record of all time worked and leave taken for the period indicated as an employee of St. Olaf College.

I certify this is an accurate record of time worked and leave taken and the employee listed is entitled to pay for total hours indicated in accordance with college policy.

Employee Signature

Date

Supervisor's Signature

Date