EMPLOYEE ID # _____

SOUTH CENTRAL CHILD DEVELOPMENT, INC.
HOME BASE & CLASSROOM TEACHER TIME STUDY

Name **Position** **Duty Station**

Mailing Address

Street Town State Zip

Month _____ Year _____

(NO DITTOES)

Date	(RT)	9952 (SL)	9954 (PL)	9955 (JS)	9956 (AD)	9957 (IW)	9958 (SB)	9959 (FM)	AWOP	Dscription of Daily Work Activiites, Travel, Destination, Trainings or Other Work Activities
TOTALS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

I CERTIFY THAT THIS STATEMENT AND THE AMOUNTS RECORDED, ARE TRUE AND CORRECT AND ACCORDING TO PROJECT POLICIES, PROCEDURE & INSTRUCTIONS.

RT/Regular Time
OT/Over Time
AL/Annual Leave
SL/Sick Leave
HL/Holiday
PL/Personal Leave
JS/Jury Services
AD/Admin Leave
IW/Inclem Weather
SB/School Break
FM/Family Medical Leave
AWOP/Absent w/o Pay

Employee Signature

Supervisor Signature

INSTRUCTIONS This form must be completed accurately and correctly before payroll processing. This form is due at project headquarters no later than the last working day of each month.

ALL LEAVE SHOULD HAVE PRIOR APPROVAL BY IMMEDIATE SUPERVISOR and EXECUTIVE DIRECTOR

Reset Form