

PERSONNEL

6032.2

CIVIL SERVICE AND HOURLY EMPLOYEE ATTENDANCE

Board of Cooperative Educational Services
Madison –Oneida Counties
Verona, New York 13478

CIVIL SERVICE AND HOURLY EMPLOYEE ATTENDANCE
Form #4040

Employee Name: _____

Location of Assignment: _____

Class Being Taught (if applicable): _____

Attendance for Week Beginning: _____

Each block of the week must be dated, and the beginning time and ending time for each day work entered.

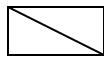
For days not worked symbols, as noted on the right, must be entered.

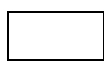
This form must be submitted at the end of the work day on Friday of each week.

Symbols for Reporting

- V..... Vacation Day
- P..... Personal Day
- S..... Personal Sick Day
- FH..... Floating Holiday
- DF..... Death in Family
- FI..... Family Illness
- SH..... Schedule Holiday
- O..... Other*

 ¼ Day

 ½ Day

 1 Day

*When "O" is used as a reason, please describe on reverse side.

WEEKLY TIME SHEET

Day	Date	A.M.		P.M.		# of Hours
		In	Out	In	Out	
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Total Hours						

Signature of Employee

Date

Signature of Administrator

Date

Note: Hourly Employees Only
This form is to be used for all hourly employees.
Please report dates and hours worked only.
Symbols do not apply.