

Healthways Services

Employee Time Sheet

Employee name _____ RU # _____ Employee # _____ Date of Hire _____ Payroll Period _____

Codes
 CPL: COMP LEAVE ED: EDUCATIONAL LEAVE PTO: PAID TIME OFF
 HL: HOLIDAY LEAVE HW: HOLIDAY WORKED LWP: LEAVE WITHOUT PAY
 VIP: VIP DAY SLP: SICK LEAVE POOL
 PESL: PRIOR EXTENDED SICK LEAVE (ACCRUED PRIOR TO 3/1/1996) ESL: EXTENDED SICK LEAVE (ACCRUED AFTER 2/29/1996)
 OTHER: ADMINISTRATIVE LEAVE: _____ Jury Duty _____ MILITARY LEAVE _____
 HOURS CARRIED OVER FROM LAST WEEK OF PREVIOUS PAY PERIOD: _____ HOURS WORKED _____ HOURS PAID LEAVE _____

DATE	DAY	EXPT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	LUNCH OR SLEEP TIME	TOTAL WORKED	HOURS LEAVE
	SUN										
	MON										
	TUES										
	WEDS										
	THURS										
	FRI										
	SAT										
										0	

DATE	DAY	EXPT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	LUNCH OR SLEEP TIME	TOTAL WORKED	HOURS LEAVE
	SUN										
	MON										
	TUES										
	WEDS										
	THURS										
	FRI										
	SAT										
										0	

DATE	DAY	EXPT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	LUNCH OR SLEEP TIME	TOTAL WORKED	HOURS LEAVE
	SUN										
	MON										
	TUES										
	WEDS										
	THURS										
	FRI										
	SAT										
										0	

LEAVE	PREV BAL	EARNED	USED	NEW BALANCE
CPL				
HL'				
VIP				
PTO				
LWOP				
ESL				
PESL				
ED				
LEAVE	PREV BAL	AWARDED	DONATED	NEW BALANCE
SLP				

Total Regular hours _____ **0**

holiday hrs to be paid

Overtime	
ST	1.5 x

I certify that I have worked the hours reported

Employee Signature & date

Supervisor Signature & date

Corrections from last pay period: _____

Supervisor's comments: _____