

DETROIT VA MEDICAL CENTER

TIME AND ATTENDANCE REPORT

PERIOD: (Sunday through Saturday)

EMPLOYEE NAME:

DAY	TIME		HOURS WORKED	ANNUAL LEAVE	SICK	HOLIDAY
	IN	OUT				
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
TOTAL			0			

Note: Indicate annual leave or sick leave time in appropriate column if used.

Employee Signature

Supervisor Signature

This sheet must be signed and submitted to Mary Jo Brady or Kathryn Peloquin, Research Office, Room B4270 no later than 4 PM on the last day of the pay-period (Friday).

Phone: (313) 576-3106

Fax: (313) 576-1112