

**METROPOLITAN DETROIT RESEARCH & EDUCATION FOUNDATION**

**TIME AND ATTENDANCE REPORT**

PERIOD:

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						
<b>TOTAL</b>			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 Maryann Uhrin, 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