

METROPOLITAN DETROIT RESEARCH & EDUCATION FOUNDATION

TIME AND ATTENDANCE REPORT

PERIOD:

EMPLOYEE NAME:

DAY	TIME		Hours Worked	Annual Leave	Sick Leave	Holiday	DAY	TIME		Hours Worked	Annual Leave	Sick Leave	Holiday
	IN	OUT						IN	OUT				
1							18						
2							19						
3							20						
4							21						
5							22						
6							23						
7							24						
8							25						
9							26						
10							27						
11							28						
12							29						
13							30						
14							31						
15													
16													
17													
Total Hours													

Note: HW = Hours Worked

Indicate annual leave (AL) sick leave (SL) Holiday (H) hours in appropriate column

Employee Signature

Supervisor Signature

This sheet must be signed and submitted to Mary Jo Brady, Research Office, Room B4270 no later than 4 pm on the first day of the next pay-period (1st of each month).