

Licensed Agency

SALARY EMPLOYEE ATTENDANCE SHEET

Print Name: _____ Pay Period: _____

DAY	IN	OUT	PD HOL	PTO	W/O PAY	ON CALL	RN backup	# RV	# SOC
SUNDAY									
MONDAY									
TUESDAY									
WEDNESDAY									
THURSDAY									
FRIDAY									
SATURDAY									

TOTAL HOURS _____

RN On Call = "X" each day

ON CALL = "X" each day

RV and # SOC = for extra visits only – fill in total number to be paid

EMPLOYEE SIGNATURE _____

SUPERVISOR SIGNATURE _____

TO BE COMPLETED BY PAYROLL:

EMP #	REGULAR HOURS	PD HOL	PTO	W/O PAY	ON CALL	# RV	# SOC	MILEAGE