KEWEENAW BAY OJIBWA COMMUNITY COLLEGE TIME AND ATTENDANCE REPORT

NAME:						PAY PERIOD: from							to					
ACCOUNT CODE	% Time and Effort	M	Т	W	TH	F	SA	Hours \ SU	Worked M	d T	W	TH	F	SA	SU	Total Hours		
COMP TIME EARN	NED																	
COMP TIME EARN	NED																	
COMP TIME EARN	NED																	
												Γ	C	OMP TI	ME RE	VIEW		
HOURS WORKED:				A - Annual Leave P														
ANNUAL LEAVE:														Comp Time Balance				
SICK LEAVE OTHER LEAVE:				S - Sick Leave H - Holiday				E - Educational Leave F - Funeral/Bereavement Leave					Comp Time Used -					
COMP TIME TAKEN:					np Time I	Used	0-						Comm Time Formed					
TOTAL HOURS:			-	•								Comp Time Earned +						
TOTAL HOUN	J.		_										Comp	Time A	vailable	€		
I certify that the reported	d information is	s correc	t:									L						
•																		
Employee		Date	e						5	Superv	risor				Da	ate		