

**CAYUGA ONONDAGA BOCES
Civil Service Employee Time Sheet**

Employee's Name: _____ Employee's Position: Day Care Specialist

Payroll Period Beginning: _____ Payroll Period Ending: _____

Month / Day	M,T,W, Th,F,Sat	Total Hours Worked Per Day	Total Hours Absent Per Day	Reason Absent (See Codes Below)
/31				
/01				
/02				
/03				
/04				
/05				
/06				
/07				
/08				
/09				
/10				
/11				
/12				
/13				
/14				
/15				

Total Hours: _____ Total Hours Absent: _____

Employee's Signature _____ Date _____ Approval of Supervisor _____ Date _____

Budget Code: F884-1716-160

Personal Business *	P	(*Request Filed/Attached)	
Sick Time	S	Other (designate)	O
Family Illness	I	Conference	C
Vacation *	V	Death in Family	D
Holiday	H	Pre-Approved Cancer Screening	CS

***Forward to Business Office the the day following the end of the payroll period.
Remember every Pay day is the day you turn in your time card.***

