

**CAYUGA-ONONDAGA BOCES
CIVIL SERVICE (NINS) TIME SHEET**

Employee's Name: _____ Date: _____

Payroll Period Beginning: _____ Payroll Period Ending: _____

DATE Month/Day	M,T,W,TH,F	Total Hours Worked Per Day	Total Hours Absent Per Day	Reason Absent (See Codes Below)
/31				
/1				
/2				
/3				
/4				
/5				
/6				
/7				
/8				
/9				
/10				
/11				
/12				
/13				
/14				
/15				

DEPARTMENT: _____ TOTAL HRS WORKED: _____ TOTAL HOURS ABSENT: _____

Employee's Signature: _____ Date: ____/____/____

Approval of Supervisor: _____ Date: ____/____/____

Budget Code: _____

- | | | | |
|---------------------|---|-------------------------------|----|
| 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 |

Remember every pay day is the day you turn in your time card.

**CAYUGA-ONONDAGA BOCES
CIVIL SERVICE (NINS) TIME SHEET**

Employee's Name: _____ Date: _____

Payroll Period Beginning: _____ Payroll Period Ending: _____

DATE Month/Day	M,T,W,TH,F	Total Hours Worked Per Day	Total Hours Absent Per Day	Reason Absent (See Codes Below)
/16				
/17				
/18				
/19				
/20				
/21				
/22				
/23				
/24				
/25				
/26				
/27				
/28				
/29				
/30				

DEPARTMENT: _____ TOTAL HRS WORKED: _____ TOTAL HOURS ABSENT: _____

Employee's Signature: _____ Date: ____/____/____

Approval of Supervisor: _____ Date: ____/____/____

Budget Code: _____

- | | | | |
|---------------------|---|-------------------------------|----|
| 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 |

Remember every pay day is the day you turn in your time card.