Danville Area Community College
REPORT OF EMPLOYEE’S TIME

Covering the period from ________________ through ________________

Name _____________________________________ Department Name _____________________________________
(Print)

Colleague ID # ____________________________  Department Account Number _____________________________
(Part-time only)

Indicate hours worked each day (i.e. 8:00-12:00, 1:00-5:00) or reason for absence (i.e. personal leave, vacation, unscheduled leave, etc.). Please put the date in the upper right hand boxes.

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
<th>SUNDAY</th>
<th>TOTAL HOURS PER WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEEK 1</td>
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<td>WEEK 2</td>
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</tbody>
</table>

For Hours Over 40 Per Week Choose:

- [ ] PAY OVERTIME
- [ ] COMPENSATORY TIME BEGINNING BALANCE

Comp hours USED week 1 - ________ times 1.0 ________
Comp hours EARNED week 1 + ________ times 1.5 ________

Comp hours USED week 2 - ________ times 1.0 ________
Comp hours EARNED week 2 + ________ times 1.5 ________

Compensatory Time Ending Balance ________

Holiday/Christmas Break Hours USED - ________ times 1.0 ________
Holiday/Christmas Break Hours EARNED + ________ times 1.0 ________

Holiday/Christmas Ending Balance ________

TOTAL HOURS
MINUS REGULAR CONTRACT HOURS
HOURS OVER REGULAR CONTRACT ________

SUMMARY

Total hours absent ________ for the following reasons:
(0 if none)

<table>
<thead>
<tr>
<th>Sick Leave</th>
<th>Personal Leave</th>
<th>Death (Relationship)</th>
<th>Vacation Leave</th>
<th>Other (Explain)</th>
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</thead>
<tbody>
<tr>
<td>Date(s)</td>
<td></td>
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</tbody>
</table>

If leaving employment, give date leaving ________________________________

Name: _____________________________________ Checked by ________________________________
Employee’s Signature Date  Supervisor’s Signature Date

Revised 6-16-10