



EXEMPT STAFF MONTHLY TIME REPORT

Employee Name: _____ Department: _____ ID# _____

For the period ending the 19th of _____ 20

Timesheets are due on the 18th of each month.

Exempt staff: indicate ONLY hours for time off.

| | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | TOTAL | |
|-------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-------------|-------------|
| * Holiday | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| * Vacation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| *Personal Day | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| * Sick | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| * Other (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| * Other (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |
| Total Hours Paid | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Unpaid Hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.00 |

Employee's signature below verifies that the above information is true, accurate, and complete.

Employee Signature: _____ Date

Pastor/Principal Approval: _____ Date