

**EXEMPT STAFF MONTHLY TIME REPORT**

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_ ID# \_\_\_\_\_

For the period ending the 19th of \_\_\_\_\_ 20

Timesheets are due on the 20th of each month.

Exempt / Contracted 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
<b>Total Hours Paid</b>	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	<b>0.00</b>	
<b>Unpaid Hours</b>																																	<b>0.00</b>

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

\_\_\_\_\_  
Employee Signature:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pastor/Principal Approval:

\_\_\_\_\_  
Date