EMPLOYEE ID # _____

SOUTH CENTRAL CHILD DEVELOPMENT, INC.
TEACHER ASSISTANTS/TUTORS ATTENDANCE AND TIME STUDY

Name **Position** **Duty Station**

Mailing Address
Street Town State Zip

Month Year

(NO DITTOES)
Description of daily work activities
travel, destination, trainings or other workshop activities

			9952	9954	9955	9956	9957	9958	9959		TIME				
Date	**(RT)**	**(OT)**	**(SL)**	**(PL)**	**(JS)**	**(AD)**	**(IW)**	**(SB)**	**(FM)**	AWOP	IN	OUT	IN	OUT	or other workshop activities
TOTALS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	**Total Paid Hours**		0.00		

I CERTIFY THAT THIS STATEMENT AND THE AMOUNTS RECORDED, ARE TRUE AND CORRECT AND ACCORDING TO PROJECT POLICIES, PROCEDURE & INSTRUCTIONS.

RT/Regular Time
OT/Over Time
AL/Annual Leave
SL/Sick Leave
HL/Holiday
PL/Personal Leave
JS/Jury Services
AD/Admin Leave
IW/Inclem Weather
SB/School Break
FM/Family Medical Leave
AWOP/Absent w/o Pay

Employee Signature

INSTRUCTIONS

processing. This form is due at project headquarters no later than the last working day of each month.

Supervisor Signature

ALL LEAVE SHOULD HAVE PRIOR APPROVAL BY IMMEDIATE SUPERVISOR and EXECUTIVE DIRECTOR

Area Manager Signature

Approved by Executive Director

bks
Rev 06/04
Time Study-TA