

MISSOURI OZARKS COMMUNITY ACTION, INC. EMPLOYEE TIME RECORD

Employee Name _____ Employee Number _____

Month _____

Date	Time In	Time Out	TC	Func	Hours	TC	Func	Hours	TC	Func	Hours	TC	Func	Hours	TC	Func	Hours	Total Hours	
1	16																		
2	17																		
3	18																		
4	19																		
5	20																		
6	21																		
7	22																		
8	23																		
9	24																		
10	25																		
11	26																		
12	27																		
13	28																		
14	29																		
15	30																		
 	31																		

Total _____ Total _____ Total _____ Total _____ Total _____

This is a true and complete statement of my hours and work activities.

TC = TIME CODE

- 1 Regular Time
- 2A Annual Leave
- 2B Sick Leave
- 2C Holiday
- 2D Other (Specify)

Employee Signature

Supervisor Signature

SUMMARY

TC	Func	Hours	TC	Func	Hours
Total			Total		

MISSOURI OZARKS COMMUNITY ACTION, INC.

EMPLOYEE TIME RECORD

Employee Name _____ Employee Number _____

Month _____

Date	Time In	Time Out	TC	DC	Hours	TC	DC	Hours	TC	DC	Hours	TC	DC	Hours	TC	DC	Hours	Total Hours	
1	16																		
2	17																		
3	18																		
4	19																		
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Employee Signature

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SUMMARY

TC	Dis C	Hours	TC	Dis C	Hours
Total			Total		