INSTRUCTIONS: All Title III personnel, except student workers, are to complete this Time and Attendance Form at the end of each week to verify the number of days and hours worked. The completed form should be signed by the employee and Activity Coordinator and submitted to the Title III Office by the 5th of each month.

Key: 1 = Present  2 = Annual Leave  3 = Sick Leave  4 = Leave Without Pay

Name of Employee: ________________________________

Activity Title: ________________________________

Month: __________________ Year: __________________

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Total number of hours worked: ________________________________

Total number of house used for annual leave: ________________________________

Total number of hours used for sick leave: ________________________________

Total number of hours without pay: ________________________________

______________________________ ________________________________
Employee’s signature Date

______________________________ ________________________________
Activity Coordinator’s signature Date

Certification: We certify that the information reported herein is accurate, complete, and readily verifiable to the best of our knowledge.