

TRAVIS COUNTY EMERGENCY SERVICES DISTRICT #1
Time and Attendance Form

EMPLOYEE NAME: _____ **EMPLOYEE SIGNATURE:** _____

PAY PERIOD FROM ___/___/____ **To** ___/___/____

ACTUAL WORK SCHEDULE																		
DAY OF THE MONTH	MON	TUE	WED	THU	FRI	SAT	SUN	WEEKLY TOTAL	MON	TUE	WED	THU	FRI	SAT	SUN	WEEKLY TOTAL	Total	
<i>Date</i>																		
Regular Hours																		
Overtime Hours																		
Comp. Time Hours																		
TYPE OF LEAVE																		
Vacation																		
Holiday																		
Sick Leave																		
Administrative																		
Other																		
Total																		

Comments/Explanations

Approved By: _____