Magdala Foundation
Employee Time Report

Employee Name _____ **Pay Period** | |

Payable Hours	First Week							Second Week							Pay Period
1. Regular	**Sat**	**Sun**	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**	**Sun**	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Totals**
Augusta (54)															
Canterbury (56)															
Benton Park (62)															
Maury (58)															
Russell (52)															
Lindell (96)															
2. Vacation															
3. Holiday															
4. Sick-Disability															
5. Other															
Total Payable Hours															

Accounting Use Only	
Regular Hours	
OT 1.5 Hours	
OT ST Hours	
Total Hours	

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Non Paid Hours	First Week							Second Week							Pay Period
	Sat	**Sun**	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**	**Sun**	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Totals**
Leave Without Pay															
Total Non Paid Hours															

Accounting Use Only
N P Hours

Signatures and Approvals

Employee Signature _____ Date _____

Supervisory Approval _____ Date _____

Administrative Approval _____ Date _____

_____ Date _____

Circle Regular Days Off Sat Sun Mon Tue Wed Thu Fri

Comments

Sat _____ Sat _____

Sun _____ Sun _____

Mon _____ Mon _____

Tue _____ Tue _____

Wed _____ Wed _____

Thu _____ Thu _____

Fri _____ Fri _____

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