



**Cincinnati Central School**  
**2809 Cincinnati Road**  
**Cincinnati, NY 13040**

## Record of Time Worked

**Employee Name:** \_\_\_\_\_ **Employee Position:** \_\_\_\_\_ **Employee Number:** \_\_\_\_\_

Day	Date	Category	Comments	Category
Monday	_____	_____	_____	X- present V- vacation
Tuesday	_____	_____	_____	PI- personal illness PB- personal business
Wednesday	_____	_____	_____	FI- family illness B- bereavement
Thursday	_____	_____	_____	SB- school business C- conference
Friday	_____	_____	_____	
<i>Other:</i>				
Saturday	_____	_____	_____	
Sunday	_____	_____	_____	

*I declare that the above record of time worked is true, correct, and complete.*

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_ Date: \_\_\_\_\_

### PAYROLL DEPARTMENT USE ONLY

**Pay Date:** \_\_\_\_\_

**Account Code:** \_\_\_\_\_

**Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_