

People Creating Success

SLS/ILS TIME SHEET

FAX ALL TIME CARDS TO HOME OFFICE ON DUE DATE AT **(805) 375-9228**

		DATES: 1ST THRU 15TH 16TH THRU EOM (C I R C L E O N E)	PROGRAM _____ DEPT NO. _____
YEAR:	MONTH:		

EMPLOYEE NAME:

<i>EMPLOYEES COMPLETE THIS SECTION</i>								<i>MANAGERS COMPLETE THIS SECTION</i>							
Use "AM" and "PM" To Designate Time Of Day								ENTER THE DAILY TOTAL NUMBER OF PCS HOURS FOR EACH CATEGORY							
DAY OF WEEK	DATE (circle)	SLS		SLS		SLS		DAY	NOC	INSRV	HOLIDAY	O/T	SICK	PTO	TOTAL HRS
		IN	OUT	IN	OUT	IN	OUT								
	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														

R E M A R K S:

** DO NOT WRITE BELOW THIS LINE **

TOTAL	DAY	NOC	INSRV	HOLIDAY	O/T	SICK	PTO	TOTAL HRS

I declare under penalty of perjury that this time record accurately reports all the time I have worked during the covered pay period. I am making this declaration freely and voluntarily. I understand that I am entitled to retain a copy of this time record for my personal records or to obtain copies of my time records from PCS upon request.

Supervisor Initial

EMPLOYEE SIGNATURE