**Bay Mills Community College**

**TIME AND ATTENDANCE RECORD**

NAME: Employee PROGRAM: P.P. ENDING: 11/16/2012

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| DATE: | 11/5 | 11/6 | 11/7 | 11/8 | 11/9 |
| HOURS | 8 | 8 | 8 | 8 | 8 |
|  |  |  |  |  |  |
| DATE: | 11/12 | 11/13 | 11/14 | 11/15 | 11/16 |
| HOURS: | 8 | 8 | 8 | 8 | 8 |

SUMMARY:

TOTAL HOURS WORKED: 80 S – SHORT TERM LEAVE

SHORT TERM LEAVE: DO - REGULAR DAY OFF (HOLIDAY)

PERSONAL LEAVE: P - PERSONAL LEAVE

VACATION LEAVE: V – VACATION LEAVE

REGULAR DAY OFF (HOLIDAY): O - OTHER LEAVE:

LEAVE WITHOUT PAY:

OTHER LEAVE PAID:

TOTAL HOURS: 80

Check the box that applies to this payroll request:

Regular BMCC Employee  Adjunct Instructor

Subcontracted Employee  Student Employee

Federal Work Study  State Work Study

I CERTIFY THAT THE REPORTED INFORMATION IS CORRECT:

|  |  |  |  |
| --- | --- | --- | --- |
| EMPLOYEE'S SIGNATURE | DATE  11/16/2012 | SUPERVISOR'S SIGNATURE | DATE |