

Employee ID: _____ Employee: Noel Hahn Week Of: 12/15/2013 - 12/21/2013

2014

Date	Time In	Lunch Out	Lunch In	Time Out	# of Reg Hours Worked		Paid Holiday Hours		# of Sick Hours Used		# of Vac Hours Used		# of Overtime Hours		Other Hours		Comments
					REG	HOLIDAY	SICK	VAC	OT Hours	Other							
Sun 12/15/13					0.00								0.00				
Mon 12/16/13	7:30 AM	12:30 PM	1:30 PM	4:45 PM	7.00								1.25				SOS Files (Office)
Tue 12/17/13	12:30 PM	4:45 PM			4.25				2.75				0.00				Dentist Appointment
Wed 12/18/13	8:00 AM	4:45 PM			7.00								1.75				Timesheets (Office)
Thu 12/19/13	8:00 AM	12:30 PM	1:30 PM	5:00 PM	7.00								1.00				DIMS Backup
Fri 12/20/13	8:30 AM	12:30 PM	1:30 PM	4:45 PM	7.00								0.25				Pollbook History Upload (November General)
Sat 12/21/13					0.00								0.00				
Total Hours For Each Category:					32.25	0.00	2.75	0.00	4.25	0.00	0.00	4.25	0.00	TOTAL WEEKLY HOURS		39.25	

EMPLOYEE CERTIFICATION: The times indicated above are true and accurate to the best of my knowledge. I understand that the intentional falsification of records may subject me to disciplinary action.

SUPERVISOR APPROVAL: The times indicated above are true and accurate to the best of my knowledge. Careful calculation has been conducted to ensure correct hours to be paid.

EMPLOYEE SIGNATURE: _____ DATE: _____ SUPERVISOR SIGNATURE: _____ DATE: _____

Employee ID: _____ Employee: Noel Hahn Week Of: 12/22/2013 - 12/28/2013

Date	Time In	Lunch Out	Lunch In	Time Out	# of Reg Hours Worked	Paid Holiday Hours	# of Sick Hours Used	# of Vac Hours Used	# of Overtime Hours	Other Hours	Comments	
Sun 12/22/13					0.00				0.00			
Mon 12/23/13					0.00			7.00	0.00		PL changed - 7.00 hrs VL taken	
Tue 12/24/13	8:30 AM	12:15 PM			3.75	3.50			0.00		Christmas Eve	
Wed 12/25/13					0.00	7.00			0.00		Christmas Day	
Thu 12/26/13	8:30 AM	12:30 PM	1:30 PM	4:30 PM	7.00				0.00			
Fri 12/27/13	8:15 AM	12:30 PM	1:30 PM	4:30 PM	7.00				0.25			
Sat 12/28/13					0.00				0.00			
Total Hours For Each Category:					17.75	10.50	0.00	7.00	0.25	0.00		
					TOTAL WEEKLY HOURS	35.50						

NO CTE
25 hour

EMPLOYEE CERTIFICATION: The times indicated above are true and accurate to the best of my knowledge. I understand that the intentional falsification of records may subject me to disciplinary ac

SUPERVISOR APPROVAL: The times indicated above are true and accurate to the best of my knowledge. Careful calculation has been conducted to ensure correct hours to be paid.

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

Employee ID: _____

Employee: _____

Noel Hahn

Week Of: _____

12/29/2013 - 01/04/2014

Date	Time In	Lunch Out	Lunch In	Time Out	# of Reg Hours Worked		Paid Holiday Hours	# of Sick Hours Used	# of Vac Hours Used	# of Overtime Hours	Other Hours	Comments
					REG	HOLIDAY						
Sun 12/29/13					0.00					0.00		
Mon 12/30/13	8:30 AM	12:30 PM	1:30 PM	4:30 PM	7.00					0.00		
Tue 12/31/13					0.00	3.50				0.00	3.50	Comp time & holiday
Wed 1/1/14					0.00	7.00				0.00		New Year's Day
Thu 1/2/14					0.00			7.00		0.00		
Fri 1/3/14	8:30 AM	12:30 PM	1:30 PM	4:30 PM	7.00					0.00		
Sat 1/4/14					0.00					0.00		
Total Hours For Each Category:					14.00	10.50	7.00	0.00	0.00	0.00	3.50	TOTAL WEEKLY HOURS 35.00

EMPLOYEE CERTIFICATION: The times indicated above are true and accurate to the best of my knowledge. I understand that the intentional falsification of records may subject me to disciplinary ac

SUPERVISOR APPROVAL: The times indicated above are true and accurate to the best of my knowledge. Careful calculation has been conducted to ensure correct hours to be paid

EMPLOYEE SIGNATURE: _____

DATE: _____

SUPERVISOR SIGNATURE: _____

DATE: _____

Employee ID: _____

Employee: _____

Noel Hahn

Week Of: _____

01/05/2014 - 01/11/2014

Date	Time In	Lunch Out	Lunch In	Time Out	# of Reg Hours Worked		Paid Holiday Hours	# of Sick Hours Used	# of Vac Hours Used	# of Overtime Hours	Other Hours <small>(Personal Time)</small>	Comments
					REG	HOLIDAY						
Sun 1/5/14					0.00					0.00		
Mon 1/6/14					0.00					0.00	7.00	Snow Day - Level #3
Tue 1/7/14					0.00					0.00	7.00	Snow Day - Level #3
Wed 1/8/14					0.00				7.00	0.00		Vacation Day Pl-moved 7.00 to VAC (was in OTHER)
Thu 1/9/14	8:30 AM	12:30 PM	1:30 PM	4:30 PM	7.00					0.00		
Fri 1/10/14					0.00			7.00		0.00		
Sat 1/11/14					0.00					0.00		
Total Hours For Each Category:					7.00	0.00	7.00	7.00	7.00	0.00	14.00	TOTAL WEEKLY HOURS
											35.00	

EMPLOYEE CERTIFICATION: The times indicated above are true and accurate to the best of my knowledge. I understand that the intentional falsification of records may subject me to disciplinary act

14.00 HOURS CALAMITY PAY ✓
 SUPERVISOR APPROVAL: The times indicated above are true and accurate to the best of my knowledge. Careful calculation has been conducted to ensure correct hours to be paid

EMPLOYEE SIGNATURE: _____

DATE: _____

SUPERVISOR SIGNATURE: _____

DATE: _____

Employee ID: _____ Employee: Noel Hahn Week Of: 01/12/2014 - 01/18/2014

Date	Time In	Lunch Out	Lunch In	Time Out	# of Hours						Comments	
					REG	HOLIDAY	SICK	VAC	OT Hours	Other		
Sun 1/12/14					0.00					0.00		
Mon 1/13/14					0.00		7.00			0.00		
Tue 1/14/14	8:30 AM	12:30 PM	1:30 PM	4:30 PM	7.00				0.00			
Wed 1/15/14	8:30 AM	12:30 PM	1:30 PM	4:30 PM	7.00				0.00			SOS Conference
Thu 1/16/14	8:30 AM	12:30 PM	1:30 PM	4:30 PM	7.00				0.00			SOS Conference
Fri 1/17/14	8:30 AM	12:30 PM	1:30 PM	4:30 PM	7.00				0.00			SOS Conference
Sat 1/18/14					0.00				0.00			
Total Hours For Each Category:					28.00	0.00	7.00	0.00	0.00	0.00		TOTAL WEEKLY HOURS 35.00

EMPLOYEE CERTIFICATION: The times indicated above are true and accurate to the best of my knowledge. I understand that the information I provide is for my record and may be used to discipline me to disciplinary act.

SUPERVISOR APPROVAL: The times indicated above are true and accurate to the best of my knowledge. Careful calculation has been conducted to ensure correct hours to be paid.

EMPLOYEE SIGNATURE: _____

DATE: _____

SUPERVISOR SIGNATURE: _____

DATE: _____

Employee ID: _____

Employee: Noel Hahn

Week Of: 01/19/2014 - 01/25/2014

Date	Time In	Lunch Out	Lunch In	Time Out	# of Reg Hours Worked		Paid Holiday Hours	# of Sick Hours Used	# of Vac Hours Used	# of Overtime Hours		Other Hours Included in Current Payroll	Comments
					REG	HOLIDAY				OT Hours	Other		
Sun 1/19/14					0.00					0.00			
Mon 1/20/14					0.00	7.00				0.00			Martin Luther King Jr. Day
Tue 1/21/14	8:15 AM	3:45 PM			7.00					0.50			No Lunch
Wed 1/22/12	8:30 AM	12:30 PM	1:30 PM	5:00 PM	7.00					0.50			
Thu 1/23/14	8:30 AM	2:30 PM			6.00					0.00			Dr. Appointment
Fri 1/24/14	8:30 AM	12:30 PM	1:30 PM	6:15 PM	7.00					1.75			Elected Officials Directory
Sat 1/25/14					0.00					0.00			
Total Hours For Each Category:					27.00	7.00	0.00	0.00	0.00	2.75	0.00		TOTAL WEEKLY HOURS 36.75

OT: 1/21 & 1/24

EMPLOYEE CERTIFICATION: The times indicated above are true and accurate to the best of my knowledge. I understand that the intentional falsification of records may subject me to disciplinary ac

SUPERVISOR APPROVAL: The times indicated above are true and accurate to the best of my knowledge. Careful calculation has been conducted to ensure correct hours to be paid.

EMPLOYEE SIGNATURE: _____

DATE: _____

SUPERVISOR SIGNATURE: _____

DATE: _____

Employee ID: _____ Employee: Noel Hahn Week Of: 01/26/2014 - 02/01/2014

Date	Time In	Lunch Out	Lunch In	Time Out	# of Reg Hours Worked		Paid Holiday Hours	# of Sick Hours Used	# of Vac Hours Used	# of Overtime Hours	Other Hours	Comments
					REG	HOLIDAY						
Sun 1/26/14					0.00					0.00		
Mon 1/27/14	8:45 AM	12:30 PM	1:30 PM	4:30 PM	6.75					0.00		
Tue 1/28/14	8:15 AM	4:30 PM			7.00					1.25		No Lunch
Wed 1/29/14	8:30 AM	12:30 PM	1:30 PM	4:30 PM	7.00					0.00		
Thu 1/30/14	8:00 AM	12:30 PM	1:30 PM	4:30 PM	7.00					0.50		
Fri 1/31/14	8:30 AM	12:30 PM	1:30 PM	4:45 PM	7.00					0.25		
Sat 2/1/14					0.00					0.00		
Total Hours For Each Category:					34.75	0.00	0.00	0.00	0.00	2.00	0.00	
					TOTAL WEEKLY HOURS	36.75						

EMPLOYEE CERTIFICATION: The times indicated above are true and accurate to the best of my knowledge. I understand that the information fabrication of records may subject me to disciplinary ac

2.00 X1-C
 SUPERVISOR APPROVAL: The times indicated above are true and accurate to the best of my knowledge. Careful calculation has been conducted to ensure correct hours to be paid. ✓

EMPLOYEE SIGNATURE: _____

DATE: _____

SUPERVISOR SIGNATURE: _____

DATE: _____

Employee ID _____

Employee: _____

Noel Hahn

Week Of _____

02/02/2014 - 02/08/2014

Date	Time In	Lunch Out	Lunch In	Time Out	# of Hours					Other Hours <small>(Not Paid For)</small>	Comments	
					REG	HOLIDAY	SICK	VAC	OT			
Sun 2/2/12					0.00					0.00		
Mon 2/3/14	8:30 AM	12:30 PM	1:30 PM	4:45 PM	7.00				0.25			
Tue 2/4/14	8:30 AM	12:30 PM	1:30 PM	4:30 PM	7.00				0.00			
Wed 2/5/14	8:30 AM	6:00 PM			7.00				2.50			No Lunch 7.00 CTE - level 3 declared at 9:00 a.m.
Thu 2/6/14	8:30 AM	12:30 PM	1:30 PM	4:45 PM	7.00				0.25			
Fri 2/7/14	8:30 AM	12:30 PM	1:30 PM	6:00 PM	7.00				1.50			
Sat 2/8/14					0.00				0.00			
Total Hours For Each Category:					35.00	0.00	0.00	0.00	4.50	0.00		TOTAL WEEKLY HOURS 39.50

EMPLOYEE CERTIFICATION: The times indicated above are true and accurate to the best of my knowledge. I understand that the intentional falsification of records may entitle me to disciplinary act.

4.50 X1-C & 7.00 X1-C can't chg col
 SUPERVISOR APPROVAL: The times indicated above are true and accurate to the best of my knowledge. Careful calculation has been conducted to ensure correct hours to be paid. **V**

EMPLOYEE SIGNATURE: _____

DATE: _____

SUPERVISOR SIGNATURE: _____

DATE: _____

Employee ID: _____

Employee _____

Noel Hahn

Week Of: _____

02/09/2014 - 02/15/2014

Date	Time In	Lunch Out	Lunch In	Time Out	# of Hours							Comments		
					REG	HOLIDAY	SICK	VAC	OT Hours	Other	TOTAL WEEKLY HOURS			
Sun 2/9/14					0.00					0.00				
Mon 2/10/14	8:30 AM	12:30 PM	1:30 PM	4:30 PM	7.00					0.00				
Tue 2/11/14					0.00			7.00		0.00				
Wed 2/12/14					0.00			7.00		0.00				
Thu 2/13/14					0.00			7.00		0.00				
Fri 2/14/14					0.00			7.00		0.00				
Sat 2/15/14					0.00					0.00				
Total Hours For Each Category:					7.00	0.00	0.00	28.00	0.00	0.00				

EMPLOYEE CERTIFICATION: The times indicated above are true and accurate to the best of my knowledge. I understand that the information I have provided is true and correct and I agree to be held accountable for any inaccuracies. I understand that the information I have provided is true and correct and I agree to be held accountable for any inaccuracies.

SUPERVISOR APPROVAL: The times indicated above are true and accurate to the best of my knowledge. Careful calculation has been conducted to ensure correct hours to be paid.

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EMPLOYEE SIGNATURE: _____

DATE: _____

SUPERVISOR SIGNATURE: _____

DATE: _____

Employee ID: _____

Employee: _____

Noel Hahn

Week Of: _____

02/16/2014 - 02/22/2014

Date	Time In	Lunch Out	Lunch In	Time Out	# of Reg Hours Worked	Paid Holiday Hours	# of Sick Hours Used	# of Vac Hours Used	# of Overtime Hours	Other Hours (Include any Compensatory Time)	Comments	
Sun 2/16/14					0.00				0.00			
Mon 2/17/14					0.00	7.00			0.00		Presidents Day	
Tue 2/18/14	8:30 AM	12:30 PM	1:30 PM	5:30 PM	7.00				1.00			
Wed 2/19/14	8:30 AM	12:30 PM	1:00 PM	4:30 PM	7.00				0.50			
Thu 2/20/14	8:30 AM	4:30 PM			7.00				1.00			
Fri 2/21/14	8:30 AM	12:30 PM	1:30 PM	5:00 PM	7.00				0.50			
Sat 2/22/14					0.00				0.00			
Total Hours For Each Category:					28.00	7.00	0.00	0.00	3.00	0.00		
					TOTAL WEEKLY HOURS	38.00						

EMPLOYEE CERTIFICATION: The times indicated above are true and accurate to the best of my knowledge. I understand that the information I provide is correct and subject to disciplinary action.

EMPLOYEE SIGNATURE: _____

DATE: _____

SUPERVISOR SIGNATURE: _____

DATE: _____

3.00 X-1-C
 SUPERVISOR APPROVAL: The times indicated above are true and accurate to the best of my knowledge. Careful calculation has been conducted to ensure correct hours to be paid.

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Employee ID: _____ Employee: Noel Hahn Week Of: 02/23/2014 - 03/01/2014

Date	Time In	Lunch Out	Lunch In	Time Out	# of Hours							Comments	
					REG	HOLIDAY	SICK	VAC	OT Hours	Other	TOTAL WEEKLY HOURS		
Sun 2/23/14					0.00					0.00			
Mon 2/24/14	8:00 AM	11:30 AM			3.50		3.50			0.00			
Tue 2/25/14	8:30 AM	12:30 PM	1:30 PM	4:30 PM	7.00				0.00				
Wed 2/26/14	8:30 AM	4:30 PM			7.00				1.00				
Thu 2/27/14	8:30 AM	12:30 PM	1:30 PM	4:30 PM	7.00				0.00				
Fri 2/28/14	8:30 AM	12:30 PM	1:30 PM	4:30 PM	7.00				0.00				
Sat 3/1/14					0.00				0.00				
Total Hours For Each Category:					31.50	0.00	3.50	0.00	1.00	0.00			
											TOTAL WEEKLY HOURS	36.00	

EMPLOYEE CERTIFICATION: The times indicated above are true and accurate to the best of my knowledge. I understand that the intentional falsification of records may subject me to disciplinary action.

1.00 X1-C
 SUPERVISOR APPROVAL: The times indicated above are true and accurate to the best of my knowledge. Careful calculation has been conducted to ensure correct hours to be paid.

EMPLOYEE SIGNATURE: _____

DATE: _____

SUPERVISOR SIGNATURE: _____

DATE: _____

Employee ID: _____ Employee: **Noel Hahn** Week Of: **03/02/2014 - 03/08/2014**

Date	Time In	Lunch Out	Lunch In	Time Out	# of Reg Hours Worked	Paid Holiday Hours	# of Sick Hours Used	# of Vac Hours Used	# of Overtime Hours	Other Hours	Comments
Sun 3/2/14					0.00				0.00		
Mon 3/3/14	8:30 AM	12:30 PM	1:30 PM	5:00 PM	7.00				0.50		PL changed - .50 needed in REG or VL would be shortened
Tue 3/4/14	8:00 AM	11:00 AM			3.00		3.50		0.00		
Wed 3/5/14					0.00		7.00		0.00		
Thu 3/6/14					0.00		7.00		0.00		
Fri 3/7/14	7:30 AM	9:15 AM			1.75		5.25		0.00		
Sat 3/8/14					0.00				0.00		
Total Hours For Each Category:					11.75	0.00	22.75	0.00	0.50	0.00	
					TOTAL WEEKLY HOURS						35.00

EMPLOYEE CERTIFICATION: The times indicated above are true and accurate to the best of my knowledge. I understand that the information I provide is true and correct and I agree to be held accountable for any false information. I agree to be held accountable for any false information.

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR APPROVAL: The times indicated above are true and accurate to the best of my knowledge. Careful calculation has been conducted to ensure correct hours to be paid.

SUPERVISOR SIGNATURE: _____ DATE: _____

NO CTE - in 3/3 REG

V

Employee ID: _____

Employee: _____

Noel Hahn

Week Of: _____

03/09/2014 - 03/15/2014

Date	Time In	Lunch Out	Lunch In	Time Out	# of Reg Hours Worked		Paid Holiday Hours		# of Sick Hours Used		# of Vac Hours Used		# of Overtime Hours		Other Hours		Comments
					REG	HOLIDAY	SICK	VAC	OT Hours	Medical Leave	Other						
Sun 3/9/14					0.00								0.00				
Mon 3/10/14					0.00				7.00				0.00				PL changed - called in sick
Tue 3/11/14					0.00				7.00				0.00				PL changed - called in sick per SOS QUIT
Wed 3/12/14					0.00								0.00		7.00		Snow Day - Level #3
Thu 3/13/14					0.00				7.00				0.00				Permitted to run SL out
Fri 3/14/14					0.00				7.00				0.00				Permitted to run SL out
Sat 3/15/14					0.00								0.00				
Total Hours For Each Category:					0.00	0.00	0.00	28.00	0.00	0.00	0.00	7.00	TOTAL WEEKLY HOURS		35.00		

EMPLOYEE CERTIFICATION: The times indicated above are true and accurate to the best of my knowledge. I understand that the intentional falsification of records may subject me to disciplinary action.

SUPERVISOR APPROVAL: The times indicated above are true and accurate to the best of my knowledge. Careful calculation has been conducted to ensure correct hours to be paid.

EMPLOYEE SIGNATURE: _____

DATE: _____

SUPERVISOR SIGNATURE: _____

DATE: _____

Employee ID: _____

Employee: _____

Noel Hahn

Week Of: _____

03/16/2014 - 03/22/2014

Date	Time In	Lunch Out	Lunch In	Time Out	# of Reg Hours Worked		Paid Holiday Hours		# of Sick Hours Used		# of Vac Hours Used		# of Overtime Hours		Other Hours		Comments	
					REG	HOLIDAY	SICK	VAC	OT Hours	Other								
Sun	3/16/14				0.00								0.00					
Mon	3/17/14				0.00				7.00				0.00					Permitted to run SL out
Tue	3/18/14				0.00				7.00				0.00					Permitted to run SL out
Wed	3/19/14				0.00				7.00				0.00					Permitted to run SL out
Thu	3/20/14				0.00				7.00				0.00					Permitted to run SL out
Fri	3/21/14				0.00				7.00				0.00					Permitted to run SL out
Sat	3/22/14				0.00								0.00					
Total Hours For Each Category:					0.00	0.00	35.00	0.00	0.00	0.00	0.00	0.00	0.00					
															TOTAL WEEKLY HOURS	35.00		

EMPLOYEE CERTIFICATION: The times indicated above are true and accurate to the best of my knowledge. I understand that the intentional falsification of records may subject me to disciplinary action.

EMPLOYEE SIGNATURE: _____

DATE: _____

SUPERVISOR SIGNATURE: _____

DATE: _____

SUPERVISOR APPROVAL: The times indicated above are true and accurate to the best of my knowledge. Careful calculation has been conducted to ensure correct hours to be paid.