

# NORTHEAST KANSAS LIBRARY SYSTEM



Employee Name: \_\_\_\_\_

Month: \_\_\_\_\_

|              | Date | Time In | Time Out | Total<br>WRK<br>HRS | Comments |
|--------------|------|---------|----------|---------------------|----------|
| 1            |      |         |          |                     |          |
| 2            |      |         |          |                     |          |
| 3            |      |         |          |                     |          |
| 4            |      |         |          |                     |          |
| 5            |      |         |          |                     |          |
| 6            |      |         |          |                     |          |
| 7            |      |         |          |                     |          |
| 8            |      |         |          |                     |          |
| 9            |      |         |          |                     |          |
| 10           |      |         |          |                     |          |
| 11           |      |         |          |                     |          |
| 12           |      |         |          |                     |          |
| 13           |      |         |          |                     |          |
| 14           |      |         |          |                     |          |
| 15           |      |         |          |                     |          |
| 16           |      |         |          |                     |          |
| 17           |      |         |          |                     |          |
| 18           |      |         |          |                     |          |
| 19           |      |         |          |                     |          |
| 20           |      |         |          |                     |          |
| 21           |      |         |          |                     |          |
| 22           |      |         |          |                     |          |
| 23           |      |         |          |                     |          |
| 24           |      |         |          |                     |          |
| 25           |      |         |          |                     |          |
| 26           |      |         |          |                     |          |
| 27           |      |         |          |                     |          |
| 28           |      |         |          |                     |          |
| 29           |      |         |          |                     |          |
| 30           |      |         |          |                     |          |
| 31           |      |         |          |                     |          |
| <b>TOTAL</b> |      |         |          |                     |          |

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