

EDEN AREA REGIONAL OCCUPATIONAL PROGRAM CLASSIFIED EMPLOYEE HOURLY TIME REPORT

Employee: _____

Account Code: _____

Title: _____

Payroll Date: _____/16/_____ to _____/15/_____

Date	Arrive	Leave	# of Hrs. Worked	Less Meal Period	Total Regular Hours	Overtime Hours	Comments
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

TOTALS

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All changes/corrections must be initialed by employee.

Employee's Signature

Supervisor's Initials

Administrator's Signature

Due to the Business Office by Noon on the **Fifteenth of the Month**.

Distribution: White - ACOE; Yellow - Business Office; Pink - Employee