



# TIME REPORTING RECORD

In accordance with the Illinois State Official and Employee Ethics Act, each employee is required to report their time and attendance on a daily basis.

Please indicate the total number of hours worked per day (excluding lunch). Your signature certifies the accuracy of time reported.

Employee Name \_\_\_\_\_ UID#: \_\_\_\_\_

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Date:							
Hours:							
Leave Taken:							
Total:							

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Date:							
Hours:							
Leave Taken:							
Total:							

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Date:							
Hours:							
Leave Taken:							
Total:							

Pay Period Total:

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_