



HOURLY NON-EXEMPT PERSONNEL ACTIVITY REPORT

ID# _____ First Name: _____ Last Name: _____

Pay Period: _____ to _____ Allocation of Time: _____ % Head Start _____

Department: _____ % Early Head Start _____

Position: _____ Location: _____

DATE	TIME				Hours Worked	Non Work Hours/Benefits		
	In	Out	In	Out		PTO	Holiday	Other
Sun								
Mon								
Tue								
Wed								
Thur								
Fri								
Sat								
Sun								
Mon								
Tue								
Wed								
Thur								
Fri								
Sat								
Totals:								
Grand Total Hours of Pay:								

Supervisor Comments:

Signatures

Employee Username: Employee Password: Date:

Supervisor Username: Supervisor Password: Date:

Time sheets are signed by entering username and password.
 15 Minutes = .25 30 Minutes = .50 45 Minutes = .75