ASMS Time Sheet

Employee Name: Cecilia Godwin
Month and Year: 03/21

Day	Time In	Time Out	Personal Hours	Sick Hours	Vacation Hours	Required Weekend	Other (Specify)*
16	8:00 am	4:30 pm					
17	8:00 am	4:30 pm					
18	8:00 am	4:30 pm					
19	8:00am	2:30 pm			2		
20							
21							
22	8:00 am	4:30 pm					
23	8:00 am	4:30 pm					
24	8:00 am	12:00pm		4			
25	8:00 am	4:30pm					
26	8:00 am	4:30 pm					
27							
28							
29	School Spring brk						
30	School Spring brk						
31	School Spring brk						

Notes:

I certify that leave taken as reported above is accurate.

Employee Signature: _____

Supervisor Signature:_____

* Other Specify
H - Holiday
P - Professional
J - Jury Duty

Submit completed form to the President's Office by the 3rd of each month.