Kansas State School for the Blind

BLANK TIMESHEET

State of Kansas
Time and Leave
Document

Department		**Emplid/SSN**				**Rcd#**	n/a
Pay End Dt		**Name (L,F M)**					
Position Nbr	Temporary	**FLSA**	Auto	**FTE**	Auto	**Work Schedule**	

Erncd	Description	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	Totals
REG	**Regular**															
	CTLA Hours															
	FLSA Hours															

All times listed on this report reflect actual time charges, including leave time, and is true and correct to the best of my knowledge.

Employee's Signature / Date _____

Agency authorization / Date _____