

Time Keeping

Cavalier County, North Dakota

Name: _____

Year: **2018**

Flex - Balance from prior year:

Day of the Month		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Flex	Expired	Total	
JAN	Hours Worked	H														H																				
	Flex (+/-)	H														H																				
	Vacation (-)	H														H																				
	Sick (-)	H														H																				
	Other _____	H														H																				
FEB	Hours Worked																				H															
	Flex (+/-)																				H															
	Vacation (-)																				H															
	Sick (-)																				H															
	Other _____																				H															
MAR	Hours Worked																														H					
	Flex (+/-)																													H						
	Vacation (-)																													H						
	Sick (-)																													H						
	Other _____																													H						
APRIL	Hours Worked																																			
	Flex (+/-)																																			
	Vacation (-)																																			
	Sick (-)																																			
	Other _____																																			
MAY	Hours Worked																														H					
	Flex (+/-)																													H						
	Vacation (-)																													H						
	Sick (-)																													H						
	Other _____																													H						
JUNE	Hours Worked																																			
	Flex (+/-)																																			
	Vacation (-)																																			
	Sick (-)																																			
	Other _____																																			

Day of the Month		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Flex	Expired	Total		
JULY	Hours Worked				H																																
	Flex (+/-)				H																																
	Vacation (-)				H																																
	Sick (-)				H																																
	Other _____				H																																
AUG	Hours Worked																																				
	Flex (+/-)																																				
	Vacation (-)																																				
	Sick (-)																																				
	Other _____																																				
SEPT	Hours Worked			H																																	
	Flex (+/-)			H																																	
	Vacation (-)			H																																	
	Sick (-)			H																																	
	Other _____			H																																	
OCT	Hours Worked																																				
	Flex (+/-)																																				
	Vacation (-)																																				
	Sick (-)																																				
	Other _____																																				
NOV	Hours Worked												H											H	H												
	Flex (+/-)											H												H	H												
	Vacation											H												H	H												
	Sick											H												H	H												
	Other _____											H												H	H												
DEC	Hours Worked																									H	H										
	Flex (+/-)																									H	H										
	Vacation (-)																									H	H										
	Sick (-)																									H	H										
	Other _____																									H	H										

Employee signature

Date

Department Approval