

Time Keeping

Cavalier County, North Dakota

Name: _____

Year: **2018**

Flex - Balance from prior year:

Comp - 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																					
	Comp (+/-)	H														H																					
	Vacation (-)	H														H																					
	Sick (-)	H														H																					
	Other _____	H														H																					
FEB	Hours Worked																				H																
	Flex (+/-)																				H																
	Comp (+/-)																				H																
	Vacation (-)																				H																
	Sick (-)																				H																
	Other _____																				H																
MAR	Hours Worked																														H						
	Flex (+/-)																													H							
	Comp (+/-)																													H							
	Vacation (-)																													H							
	Sick (-)																													H							
	Other _____																													H							
APRIL	Hours Worked																																				
	Flex (+/-)																																				
	Comp (+/-)																																				
	Vacation (-)																																				
	Sick (-)																																				
	Other _____																																				
MAY	Hours Worked																																				
	Flex (+/-)																																				
	Comp (+/-)																																				
	Vacation (-)																																				
	Sick (-)																																				
	Other _____																																				
JUNE	Hours Worked																																				
	Flex (+/-)																																				
	Comp (+/-)																																				
	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																															
	Comp (+/-)				H																															
	Vacation (-)				H																															
	Sick (-)				H																															
	Other _____				H																															
AUG	Hours Worked																																			
	Flex (+/-)																																			
	Comp (+/-)																																			
	Vacation (-)																																			
	Sick (-)																																			
	Other _____																																			
SEPT	Hours Worked				H																															
	Flex (+/-)				H																															
	Comp (+/-)				H																															
	Vacation (-)				H																															
	Sick (-)				H																															
	Other _____				H																															
OCT	Hours Worked																																			
	Flex (+/-)																																			
	Comp (+/-)																																			
	Vacation (-)																																			
	Sick (-)																																			
	Other _____																																			
NOV	Hours Worked												H										H	H												
	Flex (+/-)												H										H	H												
	Comp (+/-)												H										H	H												
	Vacation (-)												H										H	H												
	Sick (-)												H										H	H												
	Other _____												H										H	H												
DEC	Hours Worked																									H	H									
	Flex (+/-)																									H	H									
	Comp (+/-)																									H	H									
	Vacation (-)																									H	H									
	Sick (-)																									H	H									
	Other _____																									H	H									

Employee signature

Date

Department Approval