

Time Keeping

Cavalier County, North Dakota

Name: _____

Year: **2019**

Flex - Balance from prior year: **0**

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														0.00	
	Vacation (-)	H																					H														0.00	
	Sick (-)	H																					H														0.00	
	Other _____	H																					H															
FEB	Hours Worked																		H																			
	Flex (+/-)																		H																		0.00	
	Vacation (-)																		H																		0.00	
	Sick (-)																		H																		0.00	
	Other _____																		H																			
MAR	Hours Worked																																					
	Flex (+/-)																																					0.00
	Vacation (-)																																					0.00
	Sick (-)																																					0.00
	Other _____																																					
APRIL	Hours Worked																			H																		
	Flex (+/-)																			H																		0.00
	Vacation (-)																			H																		0.00
	Sick (-)																			H																		0.00
	Other _____																			H																		
MAY	Hours Worked																												H									
	Flex (+/-)																												H									0.00
	Vacation (-)																												H									0.00
	Sick (-)																												H									0.00
	Other _____																												H									
JUNE	Hours Worked																																					
	Flex (+/-)																																					0.00
	Vacation (-)																																					0.00
	Sick (-)																																					0.00
	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																														0.00
	Vacation (-)				H																														0.00
	Sick (-)				H																														0.00
	Other _____				H																														
AUG	Hours Worked																																		
	Flex (+/-)																																		0.00
	Vacation (-)																																		0.00
	Sick (-)																																		0.00
	Other _____																																		
SEPT	Hours Worked		H																																
	Flex (+/-)		H																																0.00
	Vacation (-)		H																																0.00
	Sick (-)		H																																0.00
	Other _____		H																																
OCT	Hours Worked																																		
	Flex (+/-)																																		0.00
	Vacation (-)																																		0.00
	Sick (-)																																		0.00
	Other _____																																		
NOV	Hours Worked											H																	H	H					
	Flex (+/-)											H																	H	H					0.00
	Vacation											H																	H	H					0.00
	Sick											H																	H	H					0.00
	Other _____											H																	H	H					
DEC	Hours Worked																										H								
	Flex (+/-)																										H								0.00
	Vacation (-)																										H								0.00
	Sick (-)																										H								0.00
	Other _____																										H								

Employee signature

Date

Department Approval