

Time Keeping

Cavalier County, North Dakota

Name: _____

Year: **2019**

Flex - Balance from prior year: 0

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

Employee signature

Date

Department Approval