SYSTEMS ASSESSMENT & RESEARCH, INC.

Name: LAST NAME, FIRST NAME

Employee ID: FIRST 3 OF LAST NAME & FIRST THREE OF FIRST NAME

SEMI-MONTHLY TIME SHEET

Period Ending: INSERT PAYROLL ENDING DATE

Control #: FIRST 3 OF LAST NAME & FIRST THREE OF FIRST NAME

MONTH: INSERT MONTH

Contract Name / Billable	Job No.	Task No.	Suffix No.	Lab Code	Description	Pay Type	HOURS — INSERT DATES OF THE WEEK / INSERT DAYS OF THE WEEK	Grand Total
					WEEKDAY REGULAR	R		
PAID TIME OFF (PTO)	0220	000	00		LEAVE	V		
HOLIDAY	0305	000	00		LEAVE	R		
JURY DUTY	0307	000	00		LEAVE	R		
MILITARY	0307	000	00		LEAVE	R		
BEREAVEMENT	0308	000	00		LEAVE	R		
OTHER LEAVE	0309	000	00		LEAVE	R		
LEAVE WITHOUT PAY (LWOP)	0310	000	00		LEAVE	L		
					Total Hours			

Employee's Signature:

Supervisor's Name and Signature:

FAX TO: 301-731-4303 OR 301-731-4344

ATTENTION: HUMAN RESOURCES OR ACCOUNTING