SYSTEMS ASSESSMENT & RESEARCH, INC.

Name:

Employee ID:

SEMI-MONTHLY TIME SHEET

Period Ending:

MONTH _____

Control # ERR

Contract Name / Billable	Job No.	Task No.	Suffix No.	Lab Code	Description	Pay Type	HOURS														Grand Total
FP NURSES MACDILL AFB	4100	029	41	N4	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