

SYSTEMS ASSESSMENT & RESEARCH, INC.

Name:

Employee ID:

SEMI-MONTHLY TIME SHEET

Period Ending:

MONTH _____

Control #

Contract Name	Job	Task	Suffix	Lab	Description	Pay Type	H O U R S												Grand Total
Billable	No.	No.	No.	Code															
WM. BEAUMONT PT SVC PHYISCAL THERA	4100	059	41	01	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**