SYSTEMS ASSESSMENT & RESEARCH, INC.

Name:

SEMI-MONTHLY TIME SHEET

Employee ID:

Period Ending:

MONTH _____

Control # ERR

Contract Name / Billable	Job No.	Task No.	Suffix No.	Lab Code	Description	Pay Type	HOURS															Grand Total
Social Workers	4100	033	41	4A	WEEKDAY REGULAR	R																
Social Workers	4100	033	41	4B	WEEKDAY REGULAR	R																
Social Workers	4100	033	41	4C	WEEKDAY REGULAR	R																
Clinical Nurse Practioner	4100	033	41	4D	WEEKDAY REGULAR	R																
Social Workers	4100	033	41	4F	WEEKDAY REGULAR	R																
Clinical Psychologist	4100	033	41	4P	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

Social Workers	4F
Social Workers	4A
Social Workers	4B
Social Workers	4C
Clinical Nurse Practioner	4D
Clinical Psychologist	4P