SYSTEMS ASSESSMENT & RESEARCH, INC.

Name:

Employee ID:

SEMI-MONTHLY TIME SHEET

Period Ending:

MONTH _____

Control #

							HOURS														
Contract Name / Billable	Job No.	Task No.	Suffix No.	Lab Code	Description	Pay Type	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN			Grand Total
			41		WEEKDAY REGULAR	R																	
			41		WEEKDAY ON CALL																		
			41		WEEKEND ON CALL																		
			41		OVERTIME																		
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

0531