

STAFF TIME SHEET

TENNESSEE OPPORTUNITY PROGRAMS, INC.
P.O. Box 925
Smyrna, Tennessee 37167

Accumulated Leave	
Sick	
Annual	

Region _____

Date _____

Program _____

From _____ To _____

NAME: **EMPLOYEE #** _____

Last Name
First Name
Middle Initial

Days:

Circle Days Worked -- Fill in Hours Worked

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

A. Hours Worked _____

D. Annual Leave _____

B. Holiday _____

E. Administrative Leave _____
Jury Duty, Funeral etc.

C. Sick Leave _____

Total Hours to be paid _____

F. LEAVE WITHOUT PAY _____

I certify that I have worked the hours listed above and request payment for same.

Employee _____

Immediate Supervisor _____

Regional Supervisor _____

Central Office Approval _____

(Smyrna Office Only)