LAKE AREA RECOVERY CENTER - DAILY TIME RECORD

PAY PERIOD ____/____/____ TO ____/____/____

EMPLOYEE: _____

	Week 1 Ending:							
	SAT	SUN	MON	TUE	WED	THU	FRI	WEEK TOTAL
Regular Activity								
Sick Leave								
Vacation								
Holiday								
Paid Leave - Personal								
Other Paid Leave (ie: Staff Retreat, Workshops, Snow Days, Bereavement, Jury Duty, Etc.)								
TOTAL HOURS								

Week 2 Ending:							
SAT	SUN	MON	TUE	WED	THU	FRI	WEEK TOTAL

_____ Employee Signature _____ Date

_____ Supervisor Signature _____ Date

_____ Director Signature _____ Date

LARC-P-703-105R