TIME REPORT - STATE OF NORTH DAKOTA
SFN 10300 (2-2012)

Employee	Employee Number	Department/Division

☐ I worked ONLY the standard 40 hours this week.
(If MORE or LESS than 40 hours complete daily report below)

Week Beginning (M/D/Y)

DAY	Mon	Tue	Wed	Thu	Fri	Sat	Sun	TOTAL
No. Hours Worked								
No. Hours Absent								
Absence Code*								

* Absence Code
1-Annual Leave
2-Sick Leave
3-Military
4-Jury Duty
5-Funeral
6-Without Pay
7-Holiday
8-Other
9-Comp Time
10-Family Sick Leave

Number of Hours Overtime Worked this Week

☐ Pay by Check ☐ Credit Comp Time

Employee	Date	Supervisor	Date