

BANKED HOURS / ACCRUED TIME

Name: _____ Dept: _____ Emp No: _____

BANKED HOURS (this is the extra hours worked to balance the accrued time)

DAY OF WEEK	DATE(s)	BANK Time FROM	BANK Time TO	NO. OF HOURS TO BANK
Total time to BANK				

ACCRUED TIME (this is the time taken off)

DAY OF WEEK	DATE(s)	ACCRUE Time FROM	ACCRUE Time TO	TOTAL NO. OF HOURS ACCRUE
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
Total ACCRUED Time				

Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

PLEASE NOTE BANKED HOURS SHOULD BE WORKED BEFORE ACCRUED TIME OFF