FULL_TIME STAFF and FACULTY (Bi-weekly Timesheet)

				BOSSIER PARISH COMMUNITY COLLEGE		
ATTENDANCE RECORD						
NAME OF EMPLOYEE				**DEPARTMENT**		
PAYPERIOD						
FROM:	**TO:**					
TIME WORKED (HOURS)						
	Reg Hours	Sick	Annual	LWOP	Other	initials
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						
TOTAL						
I CERTIFY THAT I HAVE WORKED ON THE DATES SPECIFIED						
				CERTIFIED CORRECT:		
				EMPLOYEE:		
				SUPERVISOR		