DUAL EMPLOYEE ATTENDANCE RECORD

THIS IS <u>NOT</u> A REPLACEMENT FOR YOUR DEPARTMENTAL TIME SHEETS.

The purpose of this attendance record is to assist the payroll department in the calculation of possible overtime hours. Data for each department must be for the same week-ending period. This completed form should be faxed to the JHHS payroll manager at 410-550-7203.

Employee name: _____ **Soc sec num**: _____

PRIMARY EMPLOYER

Dept name: _____

CC#: _____

Affiliate name: _____ Pay period end date: _____

week end date	SUN	MON	TUE	WED	THU	FRI	SAT

I certify that the above-stated work hours are correct.

_____ _____ _____

Supervisor signature Title Date

SECONDARY EMPLOYER

Dept name: _____

CC#: _____

Affiliate name: _____ Pay period end date: _____

week end date	SUN	MON	TUE	WED	THU	FRI	SAT

I certify that the above-stated work hours are correct.

_____ _____ _____

Supervisor signature Title Date

INSTRUCTIONS TO EMPLOYEE: After completing this form and obtaining both required signatures, fax this document to Payroll at 410-550-7203 at the end of each week.