**Colorado Department of Human Services**

**MEDICAL TIMESHEET FOR FURLOUGH**

MONTH-WEEK ENDING

PRINT EMPLOYEE NAME

_____ / _____ / 2010

EMPLOYEE SIGNATURE _____ DATE _____

| DAY | DATE | Paid Leave Type | Unpaid Leave Type | IN | LUNCH/BREAK OUT | LUNCH/BREAK IN | OUT | DAILY HOURS | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| Pay Hrs | | | | | | | | | |
| SAT | | | | | | | | | |
| SUN | | | | | | | | | |
| MON | | | | | | | | | |
| TUE | | | | | | | | | |
| WED | | | | | | | | | |
| THUR | | | | | | | | | |
| FRI | | | | | | | | | |
| Pay Hrs | | | | | | | | | |
| TOTAL HOURS FOR THE WEEK | | | | | | | | | |

SUPERVISOR'S SIGNATURE _____ DATE _____