



## Brookwood Church Salary/Full-Time Employee

Name \_\_\_\_\_ Division \_\_\_\_\_ Dept/Branch \_\_\_\_\_

Day	Date	Regular	Holiday	Vacation	Sick	Sabbatical	Mission	Jury	Personal	Other	Total
Sunday											
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
TOTAL											

Day	Date	Regular	Holiday	Vacation	Sick	Sabbatical	Mission	Jury	Personal	Other	Total
Sunday											
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
TOTAL											

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* **Other**, please describe \_\_\_\_\_

Employee Approval	
Signature _____	Date <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 40px;" type="text"/>

Management Approval	
Signature _____	Date <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 40px;" type="text"/>
Name <input style="width: 100%; height: 20px;" type="text"/>	