

**COLLEGE OF THE NORTH ATLANTIC
COMPRESSED WORK WEEK TIME SHEET**

Employee Name (please print): _____					
Date	Day	Start Time	Lunch Time	Finish Time	Time Earned
Overall Total Time Earned: Hours _____ Minutes _____					
Day(s) off Earned: _____ To Be Taken: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Day Date </div>					
Comments:					
Employee:					
_____			_____		
Signature			Date		
Supervisor:					

Name (Print)					
_____			_____		
Signature			Date		