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: _____ _____
Day Date

Comments:

Employee:

_____ _____
Signature Date

Supervisor:

_____
Name (Print)

_____ _____
Signature Date

Copy for Human Resources – Personal File

Revised: July 14, 2021