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 26, 2024