

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Employee Time Report**

**\*\*EXAMPLE\*\***

Name: \_\_\_\_\_ Department: \_\_\_\_\_ Month/Day of Birth: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Salary Group: \_\_\_\_\_ MM/DD

Day	Month/Date	Actual Time Worked	Vacation Leave Taken	Sick Leave Taken	Comp Time Taken	Overtime Taken	Holiday Time Taken	Admin Leave
Thursday	____:____	____:____	____:____	____:____	____:____	____:____	____:____	____:____
Friday	____:____	____:____	____:____	____:____	____:____	____:____	____:____	____:____
Saturday	____:____	____:____	____:____	____:____	____:____	____:____	____:____	____:____
Sunday	____:____	____:____	____:____	____:____	____:____	____:____	____:____	____:____
Monday	____:____	____:____	____:____	____:____	____:____	____:____	____:____	____:____
Tuesday	____:____	____:____	____:____	____:____	____:____	____:____	____:____	____:____
Wednesday	____:____	____:____	____:____	____:____	____:____	____:____	____:____	____:____
<b>Totals</b>	____:____	____:____	____:____	____:____	____:____	____:____	____:____	____:____

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Section Director or Department Head Signature: \_\_\_\_\_ Employee Signature: \_\_\_\_\_

Note to Employee: With few exceptions, you are entitled upon request: (1) to be informed about the information the TDCJ collects about you; and (2) under Tex. Gov't Code §§ 552.021 and 552.023 to receive and review the collected information. Under Tex. Gov't Code § 559.004 you are also entitled to request, in accordance with TDCJ procedures, that incorrect information the TDCJ has collected about you be corrected.