East Missouri Action Agency, Inc.
Personnel Activity Report

FLSA Status: Non Exempt

NAME: _____ **PAY PERIOD** _____ **TO** _____

SSN: **DEPARTMENT:** **LOCATION:**

DAY	MON	TUE	WED	THU	FRI		MON	TUE	WED	THR	FRI		TOTAL
DATE													
TIME IN													
TIME OUT													
LUNCH PERIOD(time used, in hours)													
ACTIVITY	*NUMBER OF HOURS WORKED PER ACTIVITY PER DAY*												
Sick Leave													
Bereavement													
FMLA													
Short Term Disability													
Earned Time Off (ETO)													
Banked													
Holiday													
Leave Without Pay													
Personal Day													
Total													

FOR ADMINISTRATIVE USE ONLY

I certify that this informaiton is true. Further, I understand that I must comply with specific policies and procedures on bereavement, FMLA and Short-term disability before I may make claims on this Personnel Activity Report.

Employee **Date**

Supervisor **Date**

Gross Pay _____

EMAA is an Equal Opportunity Employer

Form 26 (Revised 10/07)