

## FLORIDA CONFERENCE OF SEVENTH-DAY ADVENTISTS LESS THAN FULL-TIME SALARIED EMPLOYEE WORK LOG

Employee Name \_\_\_\_\_ Facility/Location \_\_\_\_\_

**Purpose:** As a salaried employee, you receive fixed remuneration that does not vary based on your hours worked. Completing this Salaried Employee Work Log will not alter your salaried remuneration or result in your reclassification by the Florida Conference. Failure to complete this log or provide accurate information may impact your eligibility for Conference employment benefits. Completing this log on every work day and providing accurate information regarding your working time will ensure that you receive all of the Conference employment benefits for which you are eligible.

**Instructions:** Salaried employees assigned to less than a full time work schedule shall record all of their actual working time during each work day on this Salaried Employee Work Log and submit the form to their supervisors **by last day of the month**. Please refer to the example below for proper recording of actual starting and stopping times and daily total work hours.

<u>First Pay Period</u>	<u>Date</u>	<u>Start Time</u>	<u>Absence Time Out</u>	<u>Absence Return Time</u>	<u>Lunch Time Out</u>	<u>Lunch Time In</u>	<u>Absence Time Out</u>	<u>Absence Return Time</u>	<u>End Time</u>	<u>Hours Worked</u>	<u>Supervisor Initials (As Needed)</u>
Example:		8:30 am			12:00pm	1:15 pm			5:15pm	7.5	
Month: 1		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
4		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
5		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
6		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
7		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
8		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
9		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
10		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
11		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
12		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
13		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
14		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
15		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

-----MEAL BREAK-----

<b>Second Pay Period</b>	<u>Date</u>	<u>Start Time</u>	<u>Absence Time Out</u>	<u>Absence Return Time</u>	<u>Lunch Time Out</u>	<u>Lunch Time In</u>	<u>Absence Time Out</u>	<u>Absence Return Time</u>	<u>End Time</u>	<u>Hours Worked</u>	<u>Supervisor Initials (As Needed)</u>
Month:	16	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	17	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	18	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	19	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	20	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	21	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	22	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	23	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	24	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	25	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	26	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	27	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	28	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	29	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	30	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	31	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

-----MEAL BREAK-----

TOTAL HOURS WORKED DURING PAY PERIOD \_\_\_\_\_

Change my employee residence address to: \_\_\_\_\_  
 \_\_\_\_\_

**Employee Certification:** I certify that I have reported on this log all working time during each work day of this payroll period. I have not omitted from this log any hours worked, including any hours in excess of my assigned work schedule. I understand that submitting false or misleading information, or omitting information regarding my actual working time from this log, can result in termination of employment.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

The completed and signed work log must be preserved for three (3) years after the dates covered. This work log may not be discarded before the expiration of 3 years without prior approval of the Florida Conference Treasurer.