This form must be completed and submitted to your supervisor weekly to ensure timesheet approval.

SECTION I: EMPLOYEE INFORMATION

|  |  |  |
| --- | --- | --- |
| Employee:  |  Mary Barber | Employee ID:  |
| Employee Email:  | Mary.barber@detroitmi.gov | Employee Phone Number: 947-948-6995 |
| Department: |  BOPC | Division: BOPC |
| Supervisor: |  Jerome Warfield |  Supervisor Email: WarfieldJ953@detroitmi.gov |
| Week Ending: |  March 22, 2024 |

SECTION II: WORK COMPLETED THIS WEEK

List the work completed this week and the hours spent on each work activity.

|  |  |
| --- | --- |
| Weekly Summary of Work Completed(List only items that were completed this week) | Time Spent on Each Activity( Number of Hours) |
| Edits For CI Report  | 2 |
| CJIS Training & Exam | 2 |
| Edits for Annual Reports & Research | 4 |

SECTION III: ON-GOING WORK AND WORK RELATED ACTIVITIES

List current and on-going work, activities and projects.

|  |  |  |  |
| --- | --- | --- | --- |
| On-going Activities/ Projects | Actions completed this week | Next Steps | Due Date |
| Annual Report | Combined data and created charts | Touch base with CI and Community Outreach Manager | 3/29/2024 |
|  |  |  |  |
|  |  |  |  |

SECTION IV: NEXT WEEK’S WORK

List the work that you will start next week and due dates for each and the work that you will complete next week.

|  |  |
| --- | --- |
| Next Week’s Work Activities and/or Projects  | Due Date |
| Finalize Annual Report Data | 3/29/2024 |
|  |  |
| List the work that you anticipate completing next week: Format report and gather insight from former Board Secretary and CI |

SECTION V: Issues and Concerns

|  |
| --- |
| List any issues, concerns or problems that you are experiencing that requires immediate attention:  |

SECTION VI: TIME AND ATTENDANCE SUMMARY LOG

Indicate the hours worked for each day. If you requested or used time off, enter the time off code.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Hours Worked | HoursRequested or Approved Time Off | Time Code | Total Hours |
| Monday 3/18/2024 | 8 |  | WORK | 8 |
| Tuesday 3/19/2024 | 8 |  | WORK | 8 |
| Wednesday 3/20/2024 | 8 |  | WORK | 8 |
| Thursday 3/21/2024 | 8 |  | WORK | 8 |
| Friday 3/22/2024 | 8 |  | WORK | 8 |

SECTION VII: SUBMISSION CONFIRMATION

By signing and submitting this form, I confirm that all the information on this is an accurate report of my time worked. I understand that errors in the submission or falsification of this document may result in delayed payment of wages and may result in disciplinary action up to and including discharge.

|  |  |
| --- | --- |
| Employee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

THIS FORM MUST BE EMAILED TO YOUR SUPERVISOR BY SUNDAY EVERY WEEK. FAILURE TO SUBMIT THIS FORM AS REQUIRED MAY RESULT IN AN INTERUPTION OF YOUR PAY.