INCA - 1E

INCA Community Services, Inc.
JAMM TRANSIT - TRANSIT DRIVER
EMPLOYEE DAILY ACTIVITY REPORT

Pay Period Ending:

Name: _____ **County :** _____

Program: _____ **Position:** _____

DAY	DATE	Time-in	Time-Out	JAMM	SR	TANF	SSI	DDSD	DRS	OTHER	TOTAL
TOTAL HOURS:											

OTHER	AL	SL	LWP	HL	FL	JD	BH	ML	ADL	OT

RT = Regular Time
SL = Sick Leave
HL = Holiday Leave
AL = Annual Leave
FL = Funeral Leave
JD = Jury Duty
BH - Birthday Holiday
ML = Military Leave
LWP = Leave Without Pay
ADL = Administrative Leave
OT = Over Time

I hereby affirm that this record is a true and complete statement of my hours.

Employee:
_____

Date:
_____

I hereby certify that the entries on this record represent an accurate statement of time and authorize the hours reported to be processed for payment.

Immediate Supervisor: _____ **Date:**_____

Revised 7-08