

EMPLOYEE NAME _____

EMPLOYEE NUMBER _____

DEPARTMENT NUMBER _____

PERIOD END _____

WEEK ONE	DATE	TIME IN**	TIME OUT	TIME IN	TIME OUT	REGULAR HOURS	O/T* OR OTHER \$	VACATION	SICK	COMP USED	HOLIDAY	COMP EARNED*	TOTAL
SUNDAY													
MONDAY													
TUESDAY													
WEDNESDAY													
THURSDAY													
FRIDAY													
SATURDAY													
WEEK ONE TOTAL													

WEEK TWO	DATE	TIME IN**	TIME OUT	TIME IN	TIME OUT	REGULAR HOURS	O/T* OR OTHER \$	VACATION	SICK	COMP USED	HOLIDAY	COMP EARNED*	TOTAL
SUNDAY													
MONDAY													
TUESDAY													
WEDNESDAY													
THURSDAY													
FRIDAY													
SATURDAY													
WEEK TWO TOTAL													

BY SIGNING BELOW, I AFFIRM THESE DAYS AND HOURS ARE

CORRECT. I UNDERSTAND THAT FALSIFICATION OF HOURS

TWO WEEK TOTAL													
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WORKED IS CAUSE FOR DISCIPLINARY ACTION UP TO AND INCLUDING DISMISSAL.

EMPLOYEE SIGNATURE _____

SUPERVISOR APPROVAL _____

*OVERTIME AND COMP TIME IS NOT EARNED ON A DAILY BASIS. IT IS EARNED AFTER 40 HOURS PHYSICALLY WORKED IN A WEEK. VACATION, SICK, COMP USED AND HOLIDAY DO NOT COUNT TOWARD COMP EARNED OR OT. YOU MAY REDUCE VACATION AND SICK USED IF YOU HAVE WORKED EXTRA REGULAR HOURS TO MAKE THE WEEK EQUAL 40 HOURS. COMP EARNED SHOULD BE AT 1.5 TIME FOR NON-EXEMPT EMPLOYEES AND 1.0 TIME FOR EXEMPT. **RECORD TIME IN AND TIME OUT ONLY IF ACTUALLY WORKED.