

Employee Name _____ Employee ID# _____ Department _____

PAY PERIOD: BEGIN: _____ THROUGH _____ END: _____

DAY	ACTUAL HOURS WORKED					LEAVE HOURS TAKEN				TOTAL HOURS	COMMENTS
	IN	OUT	IN	OUT	HOURS WORKED	SICK	VAC	COMP USED	*OTHER LEAVE		
SUN											
MON											
TUE											
WED											
THU											
FRI											
SAT											
TOTAL 1ST WEEK											
SUN											
MON											
TUE											
WED											
THU											
FRI											
SAT											
TOTAL 2ND WEEK											
GRAND TOTALS											
										_____ X 1 = _____	COMP HRS
										_____ X 1.5 = _____	

*OTHER LEAVE: H-Holiday LWOP-Leave Without Pay J-Jury Duty F-Funeral WC- Injury on the job B-Birthday FMLA-Family Medical Leave Act

**PLEASE DO NOT WHITE-OUT THE INFORMATION ON THIS TIME SHEET, ALL CORRECTIONS MUST BE INITIALED

UNDER PENALTY OF PURJURY, I CERTIFY THAT THE ACTUAL PHYSICAL HOURS WORKED ABOVE WERE PERFORMED BY ME FOR THE SOLE BENEFIT OF BEE COUNTY, AND NO OTHER PRIVATE OR PUBLIC ENTITY

- # Instructions for completion of form: When entering time arriving and time leaving, use actual time: Example (8:05 am is recorded as 8:05)
- # When computing hours, round the time to the nearest Quarter hour: Example (An 8:07 arrival time is computed as 8:00) (An 8:08 arrival time is computed as 8:15)
- # This time sheet must be signed by the employee and the Department Head, and turned into the Auditor's Office by 10:00 am on Monday after the end of the time period.
- # Three or more consecutive days of sick leave require a Doctor's Note attached to time sheet when received by Auditor's Office

I VERIFY I HAVE READ THE ABOVE TIME RECORD, AND TO MY KNOWLEDGE IT IS TRUE AND CORRECT.

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____