

TIME SHEET AND EARNINGS RECORD

Dates of Work Period

Employee's Name

_____ Exempt

_____ Non-Exempt

Social Security Number

Date		Time In	Time Out	Time In	Time Out	Total Hours	Code*	Comp Earned	Comp Used	Annual Leave Used	Sick Leave Used
Weekly Totals		XXX	XXX	XXX	XXX						
Weekly Totals		XXX	XXX	XXX	XXX						
Weekly Totals		XXX	XXX	XXX	XXX						
Weekly Totals		XXX	XXX	XXX	XXX						
Weekly Totals		XXX	XXX	XXX	XXX						
Weekly Totals		XXX	XXX	XXX	XXX						

	Compensation	Annual	Sick
Beginning Balance	_____		
Total Earned	_____		
Total Used	_____		
Balance	_____		

I certify that the above record of my hours worked are true and correct according to the best of my knowledge and belief.

To the best of my knowledge and belief, the employee listed hereon rendered the services claimed.

EMPLOYEE

COUNTY OFFICER

*CODES FOR HOURS NOT WORKED: A - Annual / C - Compensatory / H - Holiday / J - Jury Duty / L - Leave Without Pay / S - Sick Leave