

CLASSIFIED EMPLOYEE TIME SHEET

please print

NAME: _____

PERIOD FROM: _____ TO: _____

LAST 4 DIGITS OF SOCIAL SECURITY NO.

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DEPARTMENT: _____

DAY	DATE	REGULAR TIME				COMP. TIME/OVERTIME		TIME EARNED				LEAVE TAKEN									
		IN	Lunch		OUT	IN	OUT	Comp. Time	Over-time	OT type *	Holiday	Annual	Sick	Req. for OT **	Comp. Time	Holiday	Personal	VRWS	Furlough		
			OUT	IN																	
THURS.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch								
FRI.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch								
SAT.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch								
SUN.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch								
MON.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch								
TUES.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch								
WED.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch								
THURS.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch								
FRI.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch								
SAT.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch								
SUN.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch								
MON.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch								
TUES.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch								
WED.									<input type="checkbox"/> Vol <input type="checkbox"/> Man				<input type="checkbox"/> Sch <input type="checkbox"/> Unsch								
TOTALS																					

* Overtime Type: Voluntary or Mandatory ** Required for Overtime: Scheduled or Unscheduled

ACCURAL SUMMARY

	ANNUAL LEAVE	SICK LEAVE	COMP.	HOLIDAY	FLOATING HOLIDAY	PERSONAL LEAVE	VRWS LEAVE	FURLOUGH
BALANCE BROUGHT FORWARD								
CHARGES THIS PERIOD								
SUB-TOTAL								
CREDITS EARNED THIS PERIOD								
BALANCE CARRIED FORWARD								

I certify that this time sheet is a true statement of hours worked.

I certify that I have reviewed this Time Sheet and I find it correct.

Employee Date

Supervisor Date

OT Approval (must be authorized by OT Ineligible Supervisor) Date

Supervisor – Printed name