

# FALLS COUNTY EMPLOYEE TIMESHEET

Employee Name: \_\_\_\_\_ Pay Period: \_\_\_\_\_

Department: \_\_\_\_\_

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Date							
BEGIN SHIFT (AM/PM)							
END SHIFT (AM/PM)							
Hours OFF Duty (ie.: lunch)							
<b>TOTAL HOURS WORKED DAILY</b>							<b>TOTAL HOURS WORKED WEEK</b>

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>OTHER</b>							
Paid Holiday Time Off							
Vacation Leave							
Sick Leave							
FLSA Comp Time Taken							
Jury Duty							
Military Leave							
Bereavement Paid							
Administrative Paid							
Administrative Unpaid							
Job Injury Absence							
Leave Without Pay							
Training (Approved Training ONLY)							
<b>TOTAL HOURS (worked + taken)</b>							

Supervisor/Dept. Head Signature & Date

Employee's Signature & Date

Approved Signature & Date

- Note 1:** All time must be reported to the nearest 1/4 hour (.25)
- Note 2:** Total Hours for any day must not be more than 8 hours, unless the employee actually worked more than 8 hours on that day.
- Note 3:** Total Hours for any week must not be more than 40 hours, unless the employee actually worked more than 40 hours in that week.
- Note 4:** Bereavement Leave is used as defined in the Falls County Policy Guidelines.