

INDIVIDUAL TIME SHEET
CATEGORY II, III, IV, PART-TIME, SEASONAL

Department Name **PARKS & RECREATION**

Pay Period _____

Employee Name _____

Employee Number _____

Dept No.	Total Hours	Mon	Tues	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun

Please color code, I.E. **RED-** Sick Leave **GREEN-** Holiday & Vacation & Comp Used

PAY CODES

	<u>Code</u>	<u>Hours</u>		<u>Code</u>	<u>Hours</u>
Regular Hours	R	_____	Funeral Leave	F	_____
Vacation Hours	V	_____	Workers' Comp.	X	_____
Holiday Hours	H	_____	School/Seminar	C	_____
Sick Hours	S	_____	Meetings	M	_____
Personal Hours	P	_____	Retro	Z	_____
One & One-Half	O	_____	Comp Used	U	_____
Double Time	D	_____			

TOTAL HOURS _____

If **sick leave** or **funeral leave** was utilized during the pay period, please state the reason for usage for each period and the **relationship** for which each usage was needed: _____

I hereby certify that the information contained on this time sheet is true, accurate and complete to the best of my knowledge and belief.

Employee Signature

Director (if applicable)

Department Head

Finance Director/Asst. Finance Director