Non-Exempt Employee Using Accrued Compensatory Time Within 2 Payperiods

EMPLOYEE DOC		<u>Ja</u>	ne		B .			EMPLOYEE NUMBER 789						PERIOD ENDING Yeb ?			
(LAST) DEPARTMENT NAME DATE	T-1	7.1	(FIRST)	3/		7/	2/	1ST	21	2/	2/	2/	2/				PAY
100-3500	2/15	2/16	2/17	3/18	2/19			WEEK TOTAL	1/22	123	2/24	2/25		1/27	2/28	IOIAL	TOTAL
ACTUAL HOURS WORKED	SAT	SUN	8	TUE	WED	THU	FRI	HOURS 8	SAT	SUN	8	8	& WED	8	8	40	48
	1	REGULA			OVERTI	ME HRS				REGULA	R HRS		OVERTI	ME HRS		_	-
-				COMPENS	_								ACCRUE	D THIS P	ERIOD		
HOLIDAY LEAVE		-			T												
PAID TIME OFF				2	8	8	8	26						<u> </u>			26
APPROVED EXT. ILLNESS BANK (EIB)					<u> </u>								<u> </u>				
COMPENSATORY TIME USED				6				6	<u> </u>								6
BEREAVEMENT LEAVE										ļ	-				<u> </u>		ļ
OTHER LEAVE (SPECIFY)				1	<u> </u>									L	L	1.10	0/
I CERTIFY THAT THE TIME REPORTED ABOVE ACCURATELY REFLECTS ACTUAL HOURS WORKED, AND RECOGNIZE THAT FAILURE ON MY PART TO ACCURATELY REPORT ALL HOURS MAY RESULT IN DISCIPLINARY ACTION.							I CERTIFY THAT THE HOURS WORKED REFLECTED HEREON REPRESENT, TO THE BEST OF MY KNOWLEDGE, THE ACTUAL NECESSARY SERVICES PERFORMED BY THE EMPLOYEE. MARK BOSS										
(SIGNATURÉ) PERSONAL USE OF COUNTY VEHICLES DURING THE TIME PERIOD SHOWN ABOVE WAS AS FOLLOWS (at least one must/de applicable):							(SIGNATURE) I REQUEST THAT THE EXCESS HOURS ON THIS TIME SHEET BE ACCRUED AS COMPENSATORY LEAVE TIME.										
1. O NO PERSONAL USE 2. EXEMPT VEHICLE USED ONLY 3. O NE WAY COMMUTES RATE @ \$\$1.50							Excess Hours										
4. COMMUTING MILES @ 0.585 CENTS/MILE =							Employee Signature							Date			
							L			Super	isor's Ap	proval			Date		