

Non-Exempt Employee Using Accrued Compensatory Time within the Payperiod in which the OT was worked

MOHAVE COUNTY BI-WEEKLY EMPLOYEE TIME

EMPLOYEE Doe Jane B. EMPLOYEE NUMBER 789 PERIOD ENDING 1-31-09
(LAST) (FIRST) (M.I.)

DEPARTMENT NAME <u>100-0700</u>	DATE	Jan	Jan	Jan	Jan	Jan	Jan	Jan	1ST	Jan	Jan	Jan	Jan	Jan	Jan	Jan	2ND	PAY
		18	19	20	21	22	23	24	WEEK	25	26	27	28	29	30	31	WEEK	PERIOD
	DAY	SAT	SUN	MON	TUE	WED	THU	FRI	HOURS	SAT	SUN	MON	TUE	WED	THU	FRI	HOURS	HOURS
ACTUAL HOURS WORKED				10	10	8	8	8	44			8	2	8	8	8	34	78

REGULAR HRS 40 OVERTIME HRS _____ COMPENSATORY HRS WORKED 4 X 1.5 = 6 REGULAR HRS _____ OVERTIME HRS _____
 HOLIDAY ADDED TO VACATION _____ COMPENSATORY HOURS ACCRUED THIS PERIOD PSEP

HOLIDAY LEAVE	PAID TIME OFF	APPROVED EXT. ILLNESS BANK (EIB)	COMPENSATORY TIME USED	BEREAVEMENT LEAVE	OTHER LEAVE (SPECIFY)

1ST WEEK 44 2ND WEEK 40 84

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.

Jane Doe (SIGNATURE)

PERSONAL USE OF COUNTY VEHICLES DURING THE TIME PERIOD SHOWN ABOVE WAS AS FOLLOWS (at least one must be applicable):

1. NO PERSONAL USE 2. EXEMPT VEHICLE USED ONLY

3. ONE WAY COMMUTES RATE @ \$51.50 _____

4. COMMUTING MILES @ 0.585 CENTS/MILE = _____

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 (SIGNATURE)

I REQUEST THAT THE EXCESS HOURS ON THIS TIME SHEET BE ACCRUED AS COMPENSATORY LEAVE TIME.

Excess Hours _____ Comp. Hours Accrued: _____ (excess hours x1.5)

I understand that I cannot accrue more than a total of 60 hours of Compensatory Leave and that I must use Compensatory Leave time before taking PTO leave.

Employee Signature _____ Date _____

Supervisor's Approval _____ Date _____