

Non-Exempt Employee Flexing Extra Hours Worked in a Workweek

MOHAVE COUNTY BI-WEEKLY EMPLOYEE TIME

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

DEPARTMENT NAME	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	TOTAL	SAT	SUN	MON	TUE	WED	THU	FRI	TOTAL	TOTAL
<u>100-0700</u>																		
ACTUAL HOURS WORKED				<u>10</u>	<u>8</u>	<u>8</u>	<u>10</u>	<u>4</u>	<u>40</u>			<u>8</u>	<u>8</u>	<u>8</u>	<u>8</u>	<u>8</u>	<u>40</u>	<u>80</u>

REGULAR HRS 40 OVERTIME HRS _____ REGULAR HRS 40 OVERTIME HRS _____

HOLIDAY ADDED TO VACATION _____ COMPENSATORY HRS WORKED _____ X 1.5 = _____ COMPENSATORY HOURS ACCRUED THIS PERIOD _____

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

1ST WEEK 40 2ND WEEK 40 80

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.

Jane Doe
(SIGNATURE)

MARK BOSS
(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 @ \$1.50 _____

4. COMMUTING MILES @ 0.585 CENTS/MILE = _____

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 _____