MOHAVE COUNTY BI-WEEKLY EMPLOYEE TIME

EMPLOYEE(LAST)	(FIRST) (M.I.)						EMPLOYEE NUMBER							PERIOD ENDING					
(FIRST)				(FIKST)	1	(IVI.I. <i>)</i>		1		1	1	1	1		1	1		1 1	
DEPARTMENT NAME	DATE								1ST								2ND	PAY	
									WEEK								WEEK	PERIOD	
									TOTAL								TOTAL	TOTAL	
ACTUAL HOURS WORKED		SAT	SUN	MON	TUE	WED	THU	FRI	HOURS	SAT	SUN	MON	TUE	WED	THU	FRI	HOURS	HOURS	
								<u> </u>		<u> </u>									
	REGULAR HRS			OVERTIME HRS				•	REGULA			AR HRSOVERTIME HRS				-			
HOLIDAY ADDED TO VAC				COMPENSATORY HRS WORKED			KED		X 1.5 =COMPEN			NSATORY HOURS ACCRUED THIS P				RIOD			
HOLIDAY LEAVE																			
PAID TIME OFF																			
COMPENSATORY TIME USED																			
BEREAVEMENT LEAVE																			
OTHER LEAVE (SPECIFY)																			
OTHER LEAVE (SPECIFY)																			
							1ST V	WEEK						2ND WEEK					
LOEDTIEV THAT THE TIME DEDODTED ABOVE ACCURATE V DEEL FOTO								L CERTIFY THAT THE HOURS WOR						KEN DEEL ECTEN HEDEON DEDDESENT					
I CERTIFY THAT THE TIME REPORTED ABOVE ACCURATELY REFLECTS ACTUAL HOURS WORKED, AND RECOGNIZE THAT FAILURE ON MY PART								I CERTIFY THAT THE HOURS WORKED REFLECTED HEREON REPR TO THE BEST OF MY KNOWLEDGE, THE ACTUAL NECESSARY SEF									•		
TO ACCURATELY REPORT ALL HOURS MAY RESULT IN DISCIPLINARY ACTION.							PERFORMED BY THE EMPLOYEE.							OAL NEC	LOOAKI	OLIVIOL	.0		
										0.									
(SIGNATURE)								•	(SIGNATURE)										
PERSONAL USE OF COUNTY VEHICLES DURING THE TIME PERIOD SHOWN								I REQUEST THAT THE EXCESS HOURS ON THIS TIME SHEET BE ACCRUED AS											
ABOVE WAS AS FOLLOWS (at least one must be applicable):								COMPENSATORY LEAVE TIME.											
1. () NO PERSONAL USE 2. () EXEMPT VEHICLE USED ONLY								Excess Hours Comp. Hours Accrued: (excess hours x1.5) I understand that I cannot accrue more than a total of 60 hours of										5)	
3. ()ONE WAY COMMUTES RATE @ \$\$1.50								Compensatory Leave and that I must use Compensatory Leave											
4. ()COMMUTING MILES @ 0.585 CENTS/MILE =								time before taking PTO leave.											
											Employe	e Signati	ire			Date			

Supervisor's Approval

Date