

Example of Adjusted Work Week



Staff Timesheet

Name: Sharon Jones

Pay Period: 1/30/2015 to: 2/12/2015

Empl. ID: %00000 Rec#: 0 FTE: 1%

Overtime: Non Exempt

Department: Human Resources

Department ID: 0-0320-000

All overtime must be PRE-APPROVED by your immediate supervisor.

Sick Leave Pool Member: Y
(Y/N)

Day	Date	Daily Hours Worked	LEAVE TYPE USED									Total Daily Hours	Reg. Pay Hours	Comp Time Earned	Overtime Paid	Tracking Workers' Comp	Tracking FMLA
			Annual	Sick	Overtime / Reg Comp	Special Comp / Delayed Hol	Holiday	Admin. Leave	Sick Leave Pool	Personal Holiday	Other						
FRI	01/30/15	9.00										9.00	9.00				
SAT	01/31/15	3.00										3.00	3.00				
SUN	02/01/15																
MON	02/02/15	8.00										8.00	8.00				
TUE	02/03/15	8.00										8.00	8.00				
WED	02/04/15	8.00										8.00	8.00				
THU	02/05/15	4.00										4.00	4.00				
TOTAL		40.00										40.00	40.00				
Special/Regular Comp @ 1 for 1																	
Overtime Comp @ 1.5																	

Adjusted Workweek

Day	Date	Daily Hours Worked	LEAVE TYPE USED									Total Daily Hours	Reg. Pay Hours	Comp Time Earned	Overtime Paid	Tracking Workers' Comp	Tracking FMLA
			Annual	Sick	Overtime / Reg Comp	Special Comp / Delayed Hol	Holiday	Admin. Leave	Sick Leave Pool	Personal Holiday	Other						
FRI	02/06/15	8.00										8.00	8.00				
SAT	02/07/15																
SUN	02/08/15																
MON	02/09/15	8.00										8.00	8.00				
TUE	02/10/15	8.00										8.00	8.00				
WED	02/11/15	8.00										8.00	8.00				
THU	02/12/15	8.00										8.00	8.00				
TOTAL		40.00										40.00	40.00				
Special/Regular Comp @ 1 for 1																	
Overtime Comp @ 1.5																	

ADMIN LEAVE (Specify Type): _____

Personal Holiday: _____

Floating Holiday: _____

"I certify that the hours shown on this sheet are accurate and reflect the time worked and/or time earned for pay purposes during the period indicated."

"I certify that the person named hereon is due the amounts shown for services performed during the period indicated and that these conform to leave policies."

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date rev:1/1/15 _____

Example of Adjusted Leave Used



Staff Timesheet

Name: Sharon Jones

Pay Period: 1/30/2015 to: 2/12/2015

Empl. ID: %00000 Rec#: 0 FTE: 1%

Overtime: **Non Exempt**

Department: Human Resources

Department ID: 0-0320-000

All overtime must be PRE-APPROVED by your immediate supervisor.

Sick Leave Pool Member: N
(Y/N)

Day	Date	Daily Hours Worked	LEAVE TYPE USED									Total Daily Hours	Reg. Pay Hours	Comp Time Earned	Overtime Paid	Tracking Workers' Comp	Tracking FMLA
			Annual	Sick	Overtime / Reg Comp	Special Comp / Delayed Hol	Holiday	Admin. Leave	Sick Leave Pool	Personal Holiday	Other						
FRI	01/30/15	8.00										8.00	8.00				
SAT	01/31/15																
SUN	02/01/15																
MON	02/02/15	8.00										8.00	8.00				
TUE	02/03/15	5.00		2.00								7.00	7.00				
WED	02/04/15	8.00										8.00	8.00				
THU	02/05/15	9.00										9.00	9.00				
TOTAL		38.00		2.00								40.00	40.00				
Special/Regular Comp @ 1 for 1																	
Overtime Comp @ 1.5																	

Day	Date	Daily Hours Worked	LEAVE TYPE USED									Total Daily Hours	Reg. Pay Hours	Comp Time Earned	Overtime Paid	Tracking Workers' Comp	Tracking FMLA
			Annual	Sick	Overtime / Reg Comp	Special Comp / Delayed Hol	Holiday	Admin. Leave	Sick Leave Pool	Personal Holiday	Other						
FRI	02/06/15	8.00										8.00	8.00				
SAT	02/07/15																
SUN	02/08/15																
MON	02/09/15	8.00										8.00	8.00				
TUE	02/10/15	8.00										8.00	8.00				
WED	02/11/15	8.00										8.00	8.00				
THU	02/12/15	8.00										8.00	8.00				
TOTAL		40.00										40.00	40.00				
Special/Regular Comp @ 1 for 1																	
Overtime Comp @ 1.5																	

ADMIN LEAVE (Specify Type): _____

Personal Holiday: _____

Floating Holiday: _____

"I certify that the hours shown on this sheet are accurate and reflect the time worked and/or time earned for pay purposes during the period indicated."

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Employee's Signature Date

Supervisor's Signature Date rev:1/1/15

Example of Overtime When Workweek Could Not Be Adjusted



Staff Timesheet

Name: Sharon Jones

Pay Period: 1/30/2015 to: 2/12/2015

Empl. ID: %00000 Rec#: 0 FTE: 1%

Overtime: Non Exempt

Department: Human Resources

Department ID: 0-0320-000

All overtime must be PRE-APPROVED by your immediate supervisor.

Sick Leave Pool Member: N
(Y/N)

Day	Date	Daily Hours Worked	LEAVE TYPE USED									Total Daily Hours	Reg. Pay Hours	Comp Time Earned	Overtime Paid	Tracking Workers' Comp	Tracking FMLA
			Annual	Sick	Overtime / Reg Comp	Special Comp / Delayed Hol	Holiday	Admin. Leave	Sick Leave Pool	Personal Holiday	Other						
FRI	01/30/15	10.00										10.00	10.00				
SAT	01/31/15	7.00										7.00	7.00				
SUN	02/01/15																
MON	02/02/15	8.00										8.00	8.00				
TUE	02/03/15	8.00										8.00	8.00				
WED	02/04/15	8.00										8.00	7.00	1.00			
THU	02/05/15	8.00										8.00		8.00			
TOTAL		49.00										49.00	40.00	9.00			
Special/Regular Comp @ 1 for 1																	
Overtime Comp @ 1.5													13.50				

Day	Date	Daily Hours Worked	LEAVE TYPE USED									Total Daily Hours	Reg. Pay Hours	Comp Time Earned	Overtime Paid	Tracking Workers' Comp	Tracking FMLA
			Annual	Sick	Overtime / Reg Comp	Special Comp / Delayed Hol	Holiday	Admin. Leave	Sick Leave Pool	Personal Holiday	Other						
FRI	02/06/15	8.00										8.00	8.00				
SAT	02/07/15	3.00										3.00	3.00				
SUN	02/08/15	2.00										2.00	2.00				
MON	02/09/15	8.00										8.00	8.00				
TUE	02/10/15	8.00										8.00	8.00				
WED	02/11/15	8.00										8.00	8.00				
THU	02/12/15	10.00										10.00	3.00	7.00			
TOTAL		47.00										47.00	40.00	7.00			
Special/Regular Comp @ 1 for 1																	
Overtime Comp @ 1.5													10.50				

ADMIN LEAVE (Specify Type): _____

Personal Holiday: _____

Floating Holiday: _____

"I certify that the hours shown on this sheet are accurate and reflect the time worked and/or time earned for pay purposes during the period indicated."

"I certify that the person named hereon is due the amounts shown for services performed during the period indicated and that these conform to leave policies."

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____ rev:1/1/15

Example of Work During a Week with a Holiday



Staff Timesheet

Name: Sharon Jones

Pay Period: 5/22/2015 to: 6/4/2015

Empl. ID: %00000 Rec#: 0 FTE: 1%

Overtime: **Non Exempt**

Department: Human Resources

Department ID: 0-0320-000

All overtime must be PRE-APPROVED by your immediate supervisor.

Sick Leave Pool Member: N
(Y / N)

Day	Date	Daily Hours Worked	LEAVE TYPE USED									Total Daily Hours	Reg. Pay Hours	Comp Time Earned	Overtime Paid	Tracking Workers' Comp	Tracking FMLA
			Annual	Sick	Overtime / Reg Comp	Special Comp / Delayed Hol	Holiday	Admin. Leave	Sick Leave Pool	Personal Holiday	Other						
FRI	05/22/15	8.00										8.00	8.00				
SAT	05/23/15																
SUN	05/24/15																
MON	05/25/15						8.00					8.00	8.00				
TUE	05/26/15	8.00										8.00	8.00				
WED	05/27/15	8.00										8.00	8.00				
THU	05/28/15	8.00										8.00	8.00				
TOTAL		32.00					8.00					40.00	40.00				
Special/Regular Comp @ 1 for 1																	
Overtime Comp @ 1.5																	

Day	Date	Daily Hours Worked	LEAVE TYPE USED									Total Daily Hours	Reg. Pay Hours	Comp Time Earned	Overtime Paid	Tracking Workers' Comp	Tracking FMLA
			Annual	Sick	Overtime / Reg Comp	Special Comp / Delayed Hol	Holiday	Admin. Leave	Sick Leave Pool	Personal Holiday	Other						
FRI	05/29/15	8.00										8.00	8.00				
SAT	05/30/15																
SUN	05/31/15																
MON	06/01/15	8.00										8.00	8.00				
TUE	06/02/15	8.00										8.00	8.00				
WED	06/03/15	8.00										8.00	8.00				
THU	06/04/15	8.00										8.00	8.00				
TOTAL		40.00										40.00	40.00				
Special/Regular Comp @ 1 for 1																	
Overtime Comp @ 1.5																	

ADMIN LEAVE (Specify Type): _____

Personal Holiday: _____

Floating Holiday: _____

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Employee's Signature Date

Supervisor's Signature Date rev:1/1/15

Example of Work on a Holiday



Staff Timesheet

Name: Sharon Jones

Pay Period: 5/22/2015 to: 6/4/2015

Empl. ID: %00000 Rec#: 0 FTE: 1%

Overtime: **Non Exempt**

Department: Human Resources

Department ID: 0-0320-000

All overtime must be PRE-APPROVED by your immediate supervisor.

Sick Leave Pool Member: N
(Y/N)

Day	Date	Daily Hours Worked	LEAVE TYPE USED								Total Daily Hours	Reg. Pay Hours	Comp Time Earned	Overtime Paid	Tracking Workers' Comp	Tracking FMLA
			Annual	Sick	Overtime / Reg Comp	Special Comp / Delayed Hol	Holiday	Admin. Leave	Sick Leave Pool	Personal Holiday						
FRI	05/22/15	8.00									8.00	8.00				
SAT	05/23/15															
SUN	05/24/15															
MON	05/25/15	8.00				8.00					16.00	8.00	8.00			
TUE	05/26/15	8.00									8.00	8.00				
WED	05/27/15	8.00									8.00	8.00				
THU	05/28/15	8.00									8.00	8.00				
TOTAL		40.00					8.00				48.00	40.00	8.00			
Special/Regular Comp @ 1 for 1												8.00				
Overtime Comp @ 1.5																

Day	Date	Daily Hours Worked	LEAVE TYPE USED								Total Daily Hours	Reg. Pay Hours	Comp Time Earned	Overtime Paid	Tracking Workers' Comp	Tracking FMLA
			Annual	Sick	Overtime / Reg Comp	Special Comp / Delayed Hol	Holiday	Admin. Leave	Sick Leave Pool	Personal Holiday						
FRI	05/29/15	8.00									8.00	8.00				
SAT	05/30/15															
SUN	05/31/15															
MON	06/01/15	8.00									8.00	8.00				
TUE	06/02/15	8.00									8.00	8.00				
WED	06/03/15	8.00									8.00	8.00				
THU	06/04/15	8.00									8.00	8.00				
TOTAL		40.00									40.00	40.00				
Special/Regular Comp @ 1 for 1																
Overtime Comp @ 1.5																

ADMIN LEAVE (Specify Type): _____

Personal Holiday: _____

Floating Holiday: _____

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Employee's Signature Date

Supervisor's Signature Date rev:1/1/15

Example of Holiday on Regular Day Off



Staff Timesheet

Name: Sharon Jones

Pay Period: 11/20/2015 to: 12/3/2015

Empl. ID: %00000 Rec#: 0 FTE: 1%

Overtime: **Non Exempt**

Department: Human Resources

Department ID: 0-0320-000

All overtime must be PRE-APPROVED by your immediate supervisor.

Sick Leave Pool Member: N
(Y/N)

Day	Date	Daily Hours Worked	LEAVE TYPE USED									Total Daily Hours	Reg. Pay Hours	Comp Time Earned	Overtime Paid	Tracking Workers' Comp	Tracking FMLA
			Annual	Sick	Overtime / Reg Comp	Special Comp / Delayed Hol	Holiday	Admin. Leave	Sick Leave Pool	Personal Holiday	Other						
FRI	11/20/15	10.00										10.00	10.00				
SAT	11/21/15																
SUN	11/22/15																
MON	11/23/15	10.00										10.00	10.00				
TUE	11/24/15	10.00										10.00	10.00				
WED	11/25/15	10.00										10.00	10.00				
THU	11/26/15						10.00					10.00		10.00			
TOTAL		40.00					10.00					50.00	40.00	10.00			
													Special/Regular Comp @ 1 for 1	10.00			
													Overtime Comp @ 1.5				

Day	Date	Daily Hours Worked	LEAVE TYPE USED									Total Daily Hours	Reg. Pay Hours	Comp Time Earned	Overtime Paid	Tracking Workers' Comp	Tracking FMLA
			Annual	Sick	Overtime / Reg Comp	Special Comp / Delayed Hol	Holiday	Admin. Leave	Sick Leave Pool	Personal Holiday	Other						
FRI	11/27/15						10.00					10.00	10.00				
SAT	11/28/15																
SUN	11/29/15																
MON	11/30/15	10.00										10.00	10.00				
TUE	12/01/15	10.00										10.00	10.00				
WED	12/02/15	10.00										10.00	10.00				
THU	12/03/15						10.00					40.00	40.00				
TOTAL		30.00					10.00					40.00	40.00				
													Special/Regular Comp @ 1 for 1				
													Overtime Comp @ 1.5				

ADMIN LEAVE (Specify Type): _____

Personal Holiday: _____

Floating Holiday: _____

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Employee's Signature Date

Supervisor's Signature Date rev:1/1/15

Example of Holiday on Regular Day Off - Part-time Employee



Staff Timesheet

Name: Sharon Jones

Pay Period: 7/3/2015 to: 7/16/2015

Empl. ID: %00000 Rec#: 0 FTE: **50%**

Overtime: **Non Exempt**

Department: Human Resources

Department ID: 0-0320-000

All overtime must be PRE-APPROVED by your immediate supervisor.

Sick Leave Pool Member: N
(Y/N)

Day	Date	Daily Hours Worked	LEAVE TYPE USED									Total Daily Hours	Reg. Pay Hours	Comp Time Earned	Overtime Paid	Tracking Workers' Comp	Tracking FMLA
			Annual	Sick	Overtime / Reg Comp	Special Comp / Delayed Hol	Holiday	Admin. Leave	Sick Leave Pool	Personal Holiday	Other						
FRI	07/03/15						4.00					4.00		4.00			
SAT	07/04/15																
SUN	07/05/15																
MON	07/06/15	8.00										8.00	8.00				
TUE	07/07/15	8.00										8.00	8.00				
WED	07/08/15	4.00										4.00	4.00				
THU	07/09/15																
TOTAL		20.00					4.00					24.00	20.00	4.00			
Special/Regular Comp @ 1 for 1													4.00				
Overtime Comp @ 1.5																	

Day	Date	Daily Hours Worked	LEAVE TYPE USED									Total Daily Hours	Reg. Pay Hours	Comp Time Earned	Overtime Paid	Tracking Workers' Comp	Tracking FMLA
			Annual	Sick	Overtime / Reg Comp	Special Comp / Delayed Hol	Holiday	Admin. Leave	Sick Leave Pool	Personal Holiday	Other						
FRI	07/10/15																
SAT	07/11/15																
SUN	07/12/15																
MON	07/13/15	8.00										8.00	8.00				
TUE	07/14/15	8.00										8.00	8.00				
WED	07/15/15	4.00										4.00	4.00				
THU	07/16/15																
TOTAL		20.00										20.00	20.00				
Special/Regular Comp @ 1 for 1																	
Overtime Comp @ 1.5																	

ADMIN LEAVE (Specify Type): _____

Personal Holiday: _____

Floating Holiday: _____

"I certify that the hours shown on this sheet are accurate and reflect the time worked and/or time earned for pay purposes during the period indicated."

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Employee's Signature

Date

Supervisor's Signature

Date rev:1/1/15

Example of Employee Exhausting All Leave and Approved to Use Sick Leave Pool Hours



Staff Timesheet

Name: Sharon Jones

Pay Period: 1/30/2015 to: 2/12/2015

Empl. ID: %00000 Rec#: 0 FTE: 1%

Overtime: **Non Exempt**

Department: Human Resources

Department ID: 0-0320-000

All overtime must be PRE-APPROVED by your immediate supervisor.

Sick Leave Pool Member: Y
(Y/N)

Day	Date	Daily Hours Worked	LEAVE TYPE USED									Total Daily Hours	Reg. Pay Hours	Comp Time Earned	Overtime Paid	Tracking Workers' Comp	Tracking FMLA
			Annual	Sick	Overtime / Reg Comp	Special Comp / Delayed Hol	Holiday	Admin. Leave	Sick Leave Pool	Personal Holiday	Other						
FRI	01/30/15		8.00									8.00	8.00				
SAT	01/31/15																
SUN	02/01/15																
MON	02/02/15		8.00									8.00	8.00				
TUE	02/03/15		3.50	4.50								8.00	8.00				
WED	02/04/15			2.00							6.00	8.00	8.00				
THU	02/05/15										8.00	8.00	8.00				
TOTAL			19.50	6.50							14.00	40.00	40.00				
Special/Regular Comp @ 1 for 1																	
Overtime Comp @ 1.5																	

Day	Date	Daily Hours Worked	LEAVE TYPE USED									Total Daily Hours	Reg. Pay Hours	Comp Time Earned	Overtime Paid	Tracking Workers' Comp	Tracking FMLA
			Annual	Sick	Overtime / Reg Comp	Special Comp / Delayed Hol	Holiday	Admin. Leave	Sick Leave Pool	Personal Holiday	Other						
FRI	02/06/15										8.00	8.00	8.00				
SAT	02/07/15																
SUN	02/08/15																
MON	02/09/15										8.00	8.00	8.00				
TUE	02/10/15										8.00	8.00	8.00				
WED	02/11/15										8.00	8.00	8.00				
THU	02/12/15										8.00	8.00	8.00				
TOTAL											40.00	40.00	40.00				
Special/Regular Comp @ 1 for 1																	
Overtime Comp @ 1.5																	

ADMIN LEAVE (Specify Type): _____

Personal Holiday: _____

Floating Holiday: _____

"I certify that the hours shown on this sheet are accurate and reflect the time worked and/or time earned for pay purposes during the period indicated."

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Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Example of Employee Using Accrued Leave Before Using Sick Leave Pool Hours



Staff Timesheet

Name: Sharon Jones

Pay Period: 1/30/2015 to: 2/12/2015

Empl. ID: %00000 Rec#: 0 FTE: 1%

Overtime: **Non Exempt**

Department: Human Resources

Department ID: 0-0320-000

All overtime must be PRE-APPROVED by your immediate supervisor.

Sick Leave Pool Member: Y
(Y/N)

Day	Date	Daily Hours Worked	LEAVE TYPE USED									Total Daily Hours	Reg. Pay Hours	Comp Time Earned	Overtime Paid	Tracking Workers' Comp	Tracking FMLA
			Annual	Sick	Overtime / Reg Comp	Special Comp / Delayed Hol	Holiday	Admin. Leave	Sick Leave Pool	Personal Holiday	Other						
FRI	01/30/15		6.00	2.00								8.00	8.00				
SAT	01/31/15																
SUN	02/01/15																
MON	02/02/15			2.00							6.00	8.00	8.00				
TUE	02/03/15										8.00	8.00	8.00				
WED	02/04/15										8.00	8.00	8.00				
THU	02/05/15										8.00	8.00	8.00				
TOTAL			6.00	4.00							30.00	40.00	40.00				
Special/Regular Comp @ 1 for 1																	
Overtime Comp @ 1.5																	

Day	Date	Daily Hours Worked	LEAVE TYPE USED									Total Daily Hours	Reg. Pay Hours	Comp Time Earned	Overtime Paid	Tracking Workers' Comp	Tracking FMLA
			Annual	Sick	Overtime / Reg Comp	Special Comp / Delayed Hol	Holiday	Admin. Leave	Sick Leave Pool	Personal Holiday	Other						
FRI	02/06/15										8.00	8.00	8.00				
SAT	02/07/15																
SUN	02/08/15																
MON	02/09/15										8.00	8.00	8.00				
TUE	02/10/15										8.00	8.00	8.00				
WED	02/11/15										8.00	8.00	8.00				
THU	02/12/15										8.00	8.00	8.00				
TOTAL											40.00	40.00	40.00				
Special/Regular Comp @ 1 for 1																	
Overtime Comp @ 1.5																	

ADMIN LEAVE (Specify Type): _____

Personal Holiday: _____

Floating Holiday: _____

"I certify that the hours shown on this sheet are accurate and reflect the time worked and/or time earned for pay purposes during the period indicated."

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Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____ rev:1/1/15

Example of Employee on Continuous FMLA Using Partial Leave



Staff Timesheet

Name: Sharon Jones

Pay Period: 1/30/2015 to: 2/12/2015

Empl. ID: %00000 Rec#: 0 FTE: 1%

Overtime: **Non Exempt**

Department: Human Resources

Department ID: 0-0320-000

All overtime must be PRE-APPROVED by your immediate supervisor.

Sick Leave Pool Member: Y
(Y/N)

Day	Date	Daily Hours Worked	LEAVE TYPE USED										Total Daily Hours	Reg. Pay Hours	Comp Time Earned	Overtime Paid	Tracking Workers' Comp	Tracking FMLA
			Annual	Sick	Overtime / Reg Comp	Special Comp / Delayed Hol	Holiday	Admin. Leave	Sick Leave Pool	Personal Holiday	Other							
FRI	01/30/15			2.00									2.00	2.00				8.00
SAT	01/31/15																	
SUN	02/01/15																	
MON	02/02/15			2.00									2.00	2.00				8.00
TUE	02/03/15			2.00									2.00	2.00				8.00
WED	02/04/15			2.00									2.00	2.00				8.00
THU	02/05/15			2.00									2.00	2.00				8.00
TOTAL				10.00									10.00	10.00				40.00
Special/Regular Comp @ 1 for 1																		
Overtime Comp @ 1.5																		

Day	Date	Daily Hours Worked	LEAVE TYPE USED										Total Daily Hours	Reg. Pay Hours	Comp Time Earned	Overtime Paid	Tracking Workers' Comp	Tracking FMLA
			Annual	Sick	Overtime / Reg Comp	Special Comp / Delayed Hol	Holiday	Admin. Leave	Sick Leave Pool	Personal Holiday	Other							
FRI	02/06/15			2.00									2.00	2.00				8.00
SAT	02/07/15																	
SUN	02/08/15																	
MON	02/09/15			2.00									2.00	2.00				8.00
TUE	02/10/15			2.00									2.00	2.00				8.00
WED	02/11/15			2.00									2.00	2.00				8.00
THU	02/12/15			2.00									2.00	2.00				8.00
TOTAL				10.00									10.00	10.00				40.00
Special/Regular Comp @ 1 for 1																		
Overtime Comp @ 1.5																		

ADMIN LEAVE (Specify Type): _____

Personal Holiday: _____

Floating Holiday: _____

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"I certify that the person named hereon is due the amounts shown for services performed during the period indicated and that these conform to leave policies."

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Example of Employee Using Disability Leave



Staff Timesheet

Name: Sharon Jones

Pay Period: 1/30/2015 to: 2/12/2015

Empl. ID: %00000 Rec#: 0 FTE: **1%**

Overtime: **Non Exempt**

Department: Human Resources

Department ID: 0-0320-000

All overtime must be PRE-APPROVED by your immediate supervisor.

Sick Leave Pool Member: N
(Y/N)

Day	Date	Daily Hours Worked	LEAVE TYPE USED									Total Daily Hours	Reg. Pay Hours	Comp Time Earned	Overtime Paid	Tracking Workers' Comp	Tracking FMLA	
			Annual	Sick	Overtime / Reg Comp	Special Comp / Delayed Hol	Holiday	Admin. Leave	Sick Leave Pool	Personal Holiday	Other							
FRI	01/30/15	8.00										8.00	8.00					
SAT	01/31/15																	
SUN	02/01/15																	
MON	02/02/15	8.00										8.00	8.00					
TUE	02/03/15	8.00										8.00	8.00					
WED	02/04/15											8.00	8.00			8.00		
THU	02/05/15											8.00	8.00			8.00		
TOTAL		24.00										16.00	40.00	40.00		16.00		
													Special/Regular Comp @ 1 for 1					
													Overtime Comp @ 1.5					

Day	Date	Daily Hours Worked	LEAVE TYPE USED									Total Daily Hours	Reg. Pay Hours	Comp Time Earned	Overtime Paid	Tracking Workers' Comp	Tracking FMLA	
			Annual	Sick	Overtime / Reg Comp	Special Comp / Delayed Hol	Holiday	Admin. Leave	Sick Leave Pool	Personal Holiday	Other							
FRI	02/06/15											8.00	8.00			8.00		
SAT	02/07/15																	
SUN	02/08/15																	
MON	02/09/15											8.00	8.00			8.00		
TUE	02/10/15											8.00	8.00			8.00		
WED	02/11/15																	
THU	02/12/15																	
TOTAL												24.00	24.00	24.00		24.00		
													Special/Regular Comp @ 1 for 1					
													Overtime Comp @ 1.5					

ADMIN LEAVE (Specify Type): _____

Personal Holiday: _____

Floating Holiday: _____

"I certify that the hours shown on this sheet are accurate and reflect the time worked and/or time earned for pay purposes during the period indicated."

"I certify that the person named hereon is due the amounts shown for services performed during the period indicated and that these conform to leave policies."

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date rev:1/1/15 _____

Example of Employee on Wage Loss During a Week With a Holiday



Staff Timesheet

Name: Sharon Jones
 Empl. ID: %00000 Rec#: 0 FTE: 1%
 Department: Human Resources

Pay Period: 7/3/2015 to: 7/16/2015
 Overtime: Non Exempt
 Department ID: 0-0320-000

All overtime must be PRE-APPROVED by your immediate supervisor.

Sick Leave Pool Member: N
(Y/N)

Day	Date	Daily Hours Worked	LEAVE TYPE USED									Total Daily Hours	Reg. Pay Hours	Comp Time Earned	Overtime Paid	Tracking Workers' Comp	Tracking FMLA		
			Annual	Sick	Overtime / Reg Comp	Special Comp / Delayed Hol	Holiday	Admin. Leave	Sick Leave Pool	Personal Holiday	Other								
FRI	07/03/15							2.70					2.70	2.70					
SAT	07/04/15																		
SUN	07/05/15																		
MON	07/06/15			2.70									2.70	2.70					
TUE	07/07/15			2.70									2.70	2.70					
WED	07/08/15			2.70									2.70	2.70					
THU	07/09/15			2.70									2.70	2.70					
TOTAL				10.80				2.70					13.50	13.50					
Special/Regular Comp @ 1 for 1																			
Overtime Comp @ 1.5																			

Day	Date	Daily Hours Worked	LEAVE TYPE USED									Total Daily Hours	Reg. Pay Hours	Comp Time Earned	Overtime Paid	Tracking Workers' Comp	Tracking FMLA		
			Annual	Sick	Overtime / Reg Comp	Special Comp / Delayed Hol	Holiday	Admin. Leave	Sick Leave Pool	Personal Holiday	Other								
FRI	07/10/15			2.70									2.70	2.70					
SAT	07/11/15																		
SUN	07/12/15																		
MON	07/13/15			2.70									2.70	2.70					
TUE	07/14/15			2.70									2.70	2.70					
WED	07/15/15			2.70									2.70	2.70					
THU	07/16/15			2.70									2.70	2.70					
TOTAL				13.50									13.50	13.50					
Special/Regular Comp @ 1 for 1																			
Overtime Comp @ 1.5																			

ADMIN LEAVE (Specify Type):

Personal Holiday: _____

Floating Holiday: _____

"I certify that the hours shown on this sheet are accurate and reflect the time worked and/or time earned for pay purposes during the period indicated."

"I certify that the person named hereon is due the amounts shown for services performed during the period indicated and that these conform to leave policies."

Employee's Signature Date

Supervisor's Signature Date rev:1/1/15