

Month/Year: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

# POWELL COUNTY EMPLOYEE TIME RECORD

Department: \_\_\_\_\_

Job Title: \_\_\_\_\_

**\*\*\*Due by 9 a.m. on the 22nd\*\*\***

	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	TOTAL	
HRS WORKED																																	
PAID LEAVE:																																	
COMP																																	
E.A.D.																																	
HOLIDAY																																	
SICK																																	
VACATION																																	

***FOR PAYROLL OFFICE USE***			
COMP TIME ACCRUAL CALCULATION			
TYPE	HOURS	RATE	ACCRUAL
HOURS @ 1.0		1.00	
HOURS @ 1.5		1.50	
SUBTOTAL			

GROSS WAGE CALCULATION			
TYPE	HOURS/UNITS	RATE	AMOUNT
REGULAR			
COMP			
EMPLOYEE APP. DAY			
HOLIDAY			
SICK			
VACATION			
SUBTOTAL			
OTHER:			
OTHER:			
TOTAL			

**NOTES/COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approved by:**

Employee's Supervisor (sign) \_\_\_\_\_

County Commissioners:  
Presiding Officer (sign) \_\_\_\_\_

Member (initial) \_\_\_\_\_ Member (initial) \_\_\_\_\_

**Employee Certification:**

I certify that this claim is correct and just in all aspects and that payment has not been received.

Employee (sign) \_\_\_\_\_