

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			
GROSS WAGE CALCULATION			
TYPE	HOURS/UNITS	RATE	AMOUNT
REGULAR			
OVERTIME @ 1.5			
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) _____