

TREMONTON CITY CORP.

EMPLOYEE TIME CARD

EMPLOYEE NAME: _____

EMPLOYEE SIGNATURE: _____

PAY PERIOD FROM _____ TO _____

SUPERVISOR SIGNATURE: _____

DEPARTMENT	WEEK 1							TOTAL		DEPARTMENT	WEEK 2							TOTAL		PERIOD	
	SUN	MON	TUE	WED	THU	FRI	SAT	REG	O.T.		SUN	MON	TUE	WED	THU	FRI	SAT	REG	O.T.	REG	O.T.
Food Pantry 10-74-100										Food Pantry											
Library 10-75-100										Library											
Seniors - CS 10-63-100										Seniors - CS											
Seniors - CM 10-64-100										Seniors - CM											
Seniors - HDM 10-65-100										Seniors - HDM											
Zoning/Inspection 10-56-100										Zoning/Inspection											
City Office (Varies)										City Office											
Recreation 10-72-100										Recreation											
Ambulance/FD 28-40-111										Ambulance/FD											
Ambulance/FD 28-40-112										Ambulance/FD											
Vacation										Vacation											
Sick Leave										Sick Leave											
OTHER										OTHER											
TOTAL HOURS										TOTAL HOURS											

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