

NAME _____

TIME CARD

PAY PERIOD BEGIN _____ ENDING _____

FIRST WEEK		SUN	MON	TUE	WED	THU	FRI	SAT	FIRST WEEK		
									REG. HRS.	OT. HRS.	TOT. HRS.
CALL OUT WATER	51-70-100										
CALL OUT STREET	10-60-100										
CALL OUT WWTP	52-72-100										
CIVIC CENTER	10-51-100										
FIRE DEPARTMENT	28-40-105										
LIBRARY	10-75-100										
SENIORS	10-66-100										
FOOD PANTRY	10-74-100										
POLICE DEPT.	10-54-100										
CEMETERY	10-69-100										
O & M											
OTHER											
PARKS	10-72-100										
O & M											
OTHER											
STREETS	10-60-100										
O & M											
SNOW REMOVAL											
OTHER											
TREATMENT PLANT	52-72-100										
O & M											
OTHER											
COMPOSTING	52-73-100										
O & M											
OTHER											
SEWER	54-71-100										
O & M											
OTHER											
WATER	51-70-100										
O & M											
OTHER											
SECONDARY	51-80-100										
O & M											
OTHER											
STORM DRAINS	55-40-100										
O&M											
OTHER											
FUNERAL											
HOLIDAY											
SICK LEAVE											
VACATION											
FIRST WEEK TOTALS											

SUPERVISOR'S SIGNATURE

EMPLOYEE'S SIGNATURE

NAME _____

SECOND WEEK		SUN	MON	TUE	WED	THU	FRI	SAT	SECOND WEEK			PAY PER. TOTALS	
									REG.	OT.	TOT.	REG.	OT.
									HRS.	HRS.	HRS.	HRS.	HRS.
CALL OUT WATER	51-70-100												
CALL OUT STREET	10-60-100												
CALL OUT WWTP	52-72-100												
CIVIC CENTER	10-51-100												
FIRE DEPARTMENT	28-40-105												
LIBRARY	10-75-100												
SENIORS	10-66-100												
FOOD PANTRY	10-74-100												
POLICE DEPT.	10-54-100												
CEMETERY	10-69-100												
O & M													
OTHER													
PARKS	10-72-100												
O & M													
OTHER													
STREETS	10-60-100												
O & M													
SNOW REMOVAL													
OTHER													
TREATMENT PLANT	52-72-100												
O & M													
OTHER													
COMPOSTING	52-73-100												
O & M													
OTHER													
SEWER	54-71-100												
O & M													
OTHER													
WATER	51-70-100												
O & M													
OTHER													
SECONDARY	51-80-100												
O & M													
OTHER													
STORM DRAINS	55-40-100												
O&M													
OTHER													
FUNERAL													
HOLIDAY													
SICK LEAVE													
VACATION													
SECOND WEEK TOTALS													
FIRST WEEK TOTALS													
TOTAL HOURS													