

Weekly Employee Timesheet



Employee Name: _____

Dept: Water Treatment Plant

Pay Period: _____

Hours Worked						Accrued Hours Used						
Day of Week	Dept Code	Time In [h]:mm	Time Out [h]:mm	Regular	Overtime	Vacation	Sick	Personal Time	Comp	Holiday Hours	TOTAL	Motor Fuel Tax Hours
Thurs												
Fri												
Sat												
Sun												
Mon												
Tues												
Wed												
Total Hours:												

Overtime Justification or Notes to Payroll:

Pressed Sludge Sprayed Mosquito's
 Normal Saturday Routine On Call Pay
 Normal Sunday Routine

Supervisor Signature _____ Date _____

Supervisor Approval for Overtime (circle & initial) Approved _____ Denied _____

Apply Overtime Earned as: _____ Paid Time _____ Comp Time

(Subject to Bargaining Unit Contract and City Personnel Policies)