

Weekly Employee Timesheet



Employee Name: _____

Dept: Fire Department

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 (if applies)
Thurs												
Fri												
Sat												
Sun												
Mon												
Tues												
Wed												
Total Hours:												

Overtime Justification or Notes to Payroll:

Supervisor Signature

Date

Supervisor Approval for Overtime (check)

Approved

Denied

Apply Overtime Earned as:

Paid Time Comp Time

(List # of Hours - Subject to Bargaining Unit Contract and City Personnel Policies)