



Time Sheet/Payroll Exemptions

Employee:	Employee #:
Pay Period:	

Date	Regular PT/Temp	Over Time	Double Time	Vacation	Sick	On Call Level I	On Call Level II	Comp	Volunteer	Flex	Other	Explanation
1 / 16												
2 / 17												
3 / 18												
4 / 19												
5 / 20												
6 / 21												
7 / 22												
8 / 23												
9 / 24												
10 / 25												
11 / 26												
12 / 27												
13 / 28												
14 / 29												
15 / 30												
31												

Prior pay period corrections/adjustments

Totals												Notes:
	1-00	2-00	5-00	3-00	4-00	6-01	6-02	9-02	10-00	9-02	8-00	

For office use

Employee Signature

Supervisor Signature