

# EMPLOYEE WEEKLY TIME SHEET

NAME: \_\_\_\_\_ EMPLOYEE NO: \_\_\_\_\_ DIVISION: \_\_\_\_\_ PAY PERIOD: \_\_\_\_\_ (DATES)

DATES	SATURDAY			SUNDAY		
TIMES	BEG	END		BEG	END	
PROGRAM	CODE	HOURS	MINS	CODE	HOURS	MINS
			0			0
			0			0
			0			0
			0			0
			0			0
			0			0
			0			0
			0			0
TOTAL TIME						

## PAY CODES

**ADMLV** – Admin Leave (Admin Only)  
**BEREV** – Bereavement Leave (40 Hrs)  
**ETOLV** – Comp Time Used  
**HOL1**-Holiday Bank  
**HOLLV**-Holiday Leave Used  
**HOLOFFPD**-Holiday Off Paid  
**JURY**-Jury Duty  
**OTBNK'D**-Comp Time Earned  
 \*\*\*\*\*COVID PAY CODES\*\*\*\*\*

**COVIDREG**-COVID Regular  
**COVIDOT**-COVID Overtime  
**CVMGMT**- (Manager Use Only)

**REG-R** – Regular hours Remote  
**REG-O** – Regular hours Office  
**RSTB** – Restricted Standby  
**SKLF** – Family Sick  
**SKLV** – Personal Sick  
**UNPDLV** – Unpaid Leave  
**VACL** – Vacation Leave  
**TRAVEL TIME**-Exempt Employees only

\*\*\*\*\*EMERG PAYCODES\*\*\*\*\*

**EMERGCLS** - Non-essential staff NOT  
 working during County closure  
**EMERGREG** - Essential staff that are  
 working during County closure

**EMERGOT** - Essential staff working  
overtime during County closure

**EMRVACLV** - Emergency Vacation  
 Leave

## FOR TIMEKEEPER ONLY

PAY CODES	HRS / MINS
REG	
SKLV	
SKLF	
VACL	
ETOLV	
HOLLV	
HOLOFFPD	
HOL1	
OTBNK'D	
OTPDHRS	
RSTBY	
SB	
COVIDREG	
COVIDOT	
CVMGMT	
TOTAL HOURS	

DATES	MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY		
TIMES	BEG	END		BEG	END		BEG	END		BEG	END		BEG	END	
PROGRAM	CODE	HOURS	MINS	CODE	HOURS	MINS	CODE	HOURS	MINS	CODE	HOURS	MINS	CODE	HOURS	MINS
			0			0			0			0			0
			0			0			0			0			0
			0			0			0			0			0
			0			0			0			0			0
			0			0			0			0			0
			0			0			0			0			0
			0			0			0			0			0
			0			0			0			0			0
TOTAL TIME															

Minutes	Rounding	Conversion
0-7	0	0
8-22	15	.25
23-37	30	.50
38-52	45	.75
53-59	60	1.0

I CERTIFY THAT I HAVE WORKED THE ABOVE HOURS AS RECORDED.

EMPLOYEE SIGNATURE

DATE

SUPERVISOR SIGNATURE

DATE