

**PURCHASE DISTRICT HEALTH DEPARTMENT
EMPLOYEE TIME SHEET**

****Use a BLACK Ink Pen. No Gel Ink Pens. Please Do Not Write Over Entries****

Employee Name: _____

Pay Period Ending: _____

Employee Signature: _____

Supervisor Signature: _____

Approved/Altered Schedule (If your actual schedule differs from your approved schedule, attach a Schedule Change/Leave Slip.)

Sat	Sun	Mon	Tues	Wed	Thur	Fri		Sat	Sun	Mon	Tues	Wed	Thur	Fri			For District Office Use Only: Total Paid Hrs _____ T _____
																Approved	
																Altered	

Leave Hours Leave Codes: S – Sick Leave, C – Compensatory Leave, H – Holiday, V – Annual Leave, J – Jury Duty, A – Military Leave, L – All Other Paid Leave

Sat	Sun	Mon	Tues	Wed	Thur	Fri		Sat	Sun	Mon	Tues	Wed	Thur	Fri		Proj	Func		Leave	Leave	
																895	160				

Worked Hours:

Sat	Sun	Mon	Tues	Wed	Thur	Fri		Sat	Sun	Mon	Tues	Wed	Thur	Fri		Proj	Func	Reg	OT			T

Total Actual Hours Worked (Do not include Leave Hours)

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Week 1:
Total Hours Worked = _____

Week 2:
Total Hours Worked = _____

Reg	OT	Leave	Leave	T

SCHEDULE CHANGE AND LEAVE SLIP

EMPLOYEE NAME: _____

PAYPERIOD ENDING: _____

EMPLOYEE SIGNATURE: _____

Leave Hours Leave Codes: S – Sick Leave, C – Compensatory Leave, H – Holiday, V – Annual Leave, J – Jury Duty, A – Military Leave, L – All Other Paid

Note: Each row should represent one day

You can use more than one leave code per row.

Date	Begin Time of leave	End Time of leave	Explanation	Plus/Minus Hours Only	Leave Hours Only	Approval
		Week One	<u>Subtract plus/negative hours balance from leave hours. Negative balance hours requires leave to be used.</u>			
		Week Two	<u>Subtract plus hours balance from leave hours. Negative balance hours requires leave to be used.</u>			

Note: The Plus/Minus hours column should reflect increased or decreased hours from the approved schedule on page one.