

Appendix Number 35

**EMPLOYEE TIME CARDS**

Notes:

REV 02-12.1

A35-2

**TREMONTON CITY CORP.**

**EMPLOYEE TIME CARD**

\*EMPLOYEE SIGNATURE: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

PAY PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_

\* SUPERVISOR SIGNATURE: \_\_\_\_\_

DEPARTMENT	WEEK 1							TOTAL		DEPARTMENT	WEEK 2							TOTAL		PERIOD			
	SUN	MON	TUE	WED	THU	FRI	SAT	REG	O.T.		SUN	MON	TUE	WED	THU	FRI	SAT	REG	O.T.	REG	O.T.		
Food Pantry 21-40-100										Food Pantry													
Library 10-75-100										Library													
Seniors - CS 10-63-100										Seniors - CS													
Seniors - CM 10-64-100										Seniors - CM													
Seniors - HDM 10-65-100										Seniors - HDM													
Zoning/Inspection 10-56-100										Zoning/Inspection													
City Office (Varies)										City Office													
Recreation 25-40-100										Recreation													
Ambulance/FD 28-40-111										Ambulance/FD													
Ambulance/FD 28-40-112										Ambulance/FD													
Vacation										Vacation													
Sick Leave										Sick Leave													
OTHER										OTHER													
<b>TOTAL HOURS</b>										<b>TOTAL HOURS</b>													

\*I certify that the hours and other entries on this time sheet are correct and accurate in all respects.

REV 3-17.1

**TREMONTON CITY CORP.**

**EMPLOYEE TIME CARD**

\*EMPLOYEE SIGNATURE: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

PAY PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_

\* SUPERVISOR SIGNATURE: \_\_\_\_\_

DEPARTMENT	WEEK 1							TOTAL		DEPARTMENT	WEEK 2							TOTAL		PERIOD			
	SUN	MON	TUE	WED	THU	FRI	SAT	REG	O.T.		SUN	MON	TUE	WED	THU	FRI	SAT	REG	O.T.	REG	O.T.		
Food Pantry 21-40-100										Food Pantry													
Library 10-75-100										Library													
Seniors - CS 10-63-100										Seniors - CS													
Seniors - CM 10-64-100										Seniors - CM													
Seniors - HDM 10-65-100										Seniors - HDM													
Zoning/Inspection 10-56-100										Zoning/Inspection													
City Office (Varies)										City Office													
Recreation 25-40-100										Recreation													
Ambulance/FD 28-40-111										Ambulance/FD													
Ambulance/FD 28-40-112										Ambulance/FD													
Vacation										Vacation													
Sick Leave										Sick Leave													
OTHER										OTHER													
<b>TOTAL HOURS</b>										<b>TOTAL HOURS</b>													

\*I certify that the hours and other entries on this time sheet are correct and accurate in all respects.

REV 3-17.1



**TREMONTON CITY CORP.  
EMPLOYEE TIME CARD**

EMPLOYEE NAME: \_\_\_\_\_

\*EMPLOYEE SIGNATURE: \_\_\_\_\_

PAY PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_

\*SUPERVISOR SIGNATURE: \_\_\_\_\_

DEPARTMENT	WEEK 1							TOTAL		DEPARTMENT	WEEK 2							TOTAL		PERIOD	
	SUN	MON	TUE	WED	THU	FRI	SAT	REG	O.T.		SUN	MON	TUE	WED	THU	FRI	SAT	REG	O.T.	REG	O.T.
Civic Center 10-51-100										Civic Center											
Police Dept 10-54-100										Police Dept											
Animal Cont. 10-54-100										Animal Cont.											
Fire Dept 28-40-112										Fire Dept											
Recreation 10-72-100										Recreation											
Food Pantry 21-40-100										Food Pantry											
Library 10-75-100										Library											
Pub. Works 51-70-100										Pub. Works											
OTHER										OTHER											
TOTAL HOURS										TOTAL HOURS											

\*I certify that the hours and other entries on this time sheet are correct and accurate in all respects.

REV 3-11.1

**TREMONTON CITY CORP.  
EMPLOYEE TIME CARD**

EMPLOYEE NAME: \_\_\_\_\_

\*EMPLOYEE SIGNATURE: \_\_\_\_\_

PAY PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_

\*SUPERVISOR SIGNATURE: \_\_\_\_\_

DEPARTMENT	WEEK 1							TOTAL		DEPARTMENT	WEEK 2							TOTAL		PERIOD	
	SUN	MON	TUE	WED	THU	FRI	SAT	REG	O.T.		SUN	MON	TUE	WED	THU	FRI	SAT	REG	O.T.	REG	O.T.
Civic Center 10-51-100										Civic Center											
Police Dept 10-54-100										Police Dept											
Animal Cont. 10-54-100										Animal Cont.											
Fire Dept 28-40-112										Fire Dept											
Recreation 10-72-100										Recreation											
Food Pantry 21-40-100										Food Pantry											
Library 10-75-100										Library											
Pub. Works 51-70-100										Pub. Works											
OTHER										OTHER											
TOTAL HOURS										TOTAL HOURS											

\*I certify that the hours and other entries on this time sheet are correct and accurate in all respects.

REV 3-11.1

**TREMONTON CITY  
EMPLOYEE TIME CARD**

EMPLOYEE NAME: \_\_\_\_\_

\*EMPLOYEE SIGNATURE: \_\_\_\_\_

LIBRARY	WEEK 1 _____							TOTAL	LIBRARY	WEEK 2 _____							TOTAL	PERIOD
	SUN	MON	TUE	WED	THU	FRI	SAT	HOURS		SUN	MON	TUE	WED	THU	FRI	SAT	HOURS	HOURS
<b>Program Budget</b>									<b>Program Budget</b>									
Library 10-75-100									Library 10-75-100									
Children Programs 10-75-103									Children Programs 10-75-103									
Teen Programs 10-75-104									Teen Programs 10-75-104									
Adult Programs 10-75-105									Adult Programs 10-75-105									
Senior Center 10-63-100									Senior Center 10-63-100									
Parks 10-72-100									Parks 10-72-100									
Other:									Other:									
<b>TOTAL HOURS</b>									<b>TOTAL HOURS</b>									

\*I certify that the hours and other entries on this time sheet are correct and accurate in all respects.

REV 9-16.1

Office Use Only:

PAY PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Library:	GL #: <u>10-75-100</u>	Hours: _____
Children Programs	GL #: <u>10-75-103</u>	Hours: _____
Teen Programs:	GL #: <u>10-75-104</u>	Hours: _____
Adult Programs	GL #: <u>10-75-105</u>	Hours: _____
Senior Center:	GL #: <u>10-63-100</u>	Hours: _____
Parks:	GL #: <u>10-72-100</u>	Hours: _____
Other: _____	GL #: _____	Hours: _____

Supervisor Signature: \_\_\_\_\_ Total Hours: \_\_\_\_\_

# Tremonton City Police Timesheet

Employee Name \_\_\_\_\_

Pay Period \_\_\_\_\_ to \_\_\_\_\_

		Actual Hours Worked	Police Alcohol Shift	Overtime	Vacation Hours Used	Sick Hours Used	Holiday Leave Used	Comp Leave Used	Other Leave Used *	Daily Total Hours	Comp Hours Earned
SUN	1/0									0	
MON	1/1									0	
TUE	1/2									0	
WED	1/3									0	
THU	1/4									0	
FRI	1/5									0	
SAT	1/7									0	
SUN	1/8									0	
MON	1/9									0	
TUE	1/10									0	
WED	1/11									0	
THU	1/12									0	
FRI	1/12									0	
SAT	1/13									0	
<b>Subtotal</b>		0	0	0	0	0	0	0	0	<b>0</b>	
Corrections											

\* Other: Funeral Leave (FL), Military Leave (ML), Leave Without Pay (LWP), or Administrative Leave (AL).

REV 3-11.1

I certify that the hours and other entries on this time sheet are correct and accurate in all respects.

Signed by \_\_\_\_\_ Employee Date \_\_\_\_\_

I certify that I have reviewed the hours and other entries on this time sheet and they are accurate in all respects.

Signed by \_\_\_\_\_ Supervisor Date \_\_\_\_\_

NAME \_\_\_\_\_

TIME CARD

PAY PERIOD BEGIN \_\_\_\_\_ ENDING \_\_\_\_\_

FIRST WEEK		SUN	MON	TUE	WED	THU	FRI	SAT	FIRST WEEK		
									REG. HRS.	OT. HRS.	TOT. HRS.
CALL OUT WATER	51-70-100										
CALL OUT STREET	10-60-100										
CALL OUT WWTP	52-72-100										
CIVIC CENTER	10-51-100										
FIRE DEPARTMENT	28-40-105										
LIBRARY	10-75-100										
SENIORS	10-66-100										
FOOD PANTRY	21-40-100										
POLICE DEPT.	10-54-100										
CEMETERY	10-69-100										
O & M											
OTHER											
PARKS	10-72-100										
O & M											
OTHER											
STREETS	10-60-100										
O & M											
SNOW REMOVAL											
OTHER											
TREATMENT PLANT	52-72-100										
O & M											
OTHER											
COMPOSTING	52-73-100										
O & M											
OTHER											
SEWER	54-71-100										
O & M											
OTHER											
WATER	51-70-100										
O & M											
OTHER											
SECONDARY	51-80-100										
O & M											
OTHER											
STORM DRAINS	55-40-100										
O&M											
OTHER											
FUNERAL											
HOLIDAY											
SICK LEAVE											
VACATION											
FIRST WEEK TOTALS											

I certify that the hours and other entries on this time sheet are correct and accurate in all respects.

REV 3-11.1

SUPERVISOR'S SIGNATURE \_\_\_\_\_

EMPLOYEE'S SIGNATURE \_\_\_\_\_

NAME \_\_\_\_\_

SECOND WEEK		SUN	MON	TUE	WED	THU	FRI	SAT	SECOND WEEK			PAY PER. TOTALS	
									REG. HRS.	OT. HRS.	TOT. HRS.	REG. HRS.	OT. HRS.
CALL OUT WATER	51-70-100												
CALL OUT STREET	10-60-100												
CALL OUT WWTP	52-72-100												
CIVIC CENTER	10-51-100												
FIRE DEPARTMENT	28-40-105												
LIBRARY	10-75-100												
SENIORS	10-66-100												
FOOD PANTRY	21-40-100												
POLICE DEPT.	10-54-100												
CEMETERY	10-69-100												
O & M													
OTHER													
PARKS	10-72-100												
O & M													
OTHER													
STREETS	10-60-100												
O & M													
SNOW REMOVAL													
OTHER													
TREATMENT PLANT	52-72-100												
O & M													
OTHER													
COMPOSTING	52-73-100												
O & M													
OTHER													
SEWER	54-71-100												
O & M													
OTHER													
WATER	51-70-100												
O & M													
OTHER													
SECONDARY	51-80-100												
O & M													
OTHER													
STORM DRAINS	55-40-100												
O&M													
OTHER													
FUNERAL													
HOLIDAY													
SICK LEAVE													
VACATION													
<b>SECOND WEEK TOTALS</b>													
<b>FIRST WEEK TOTALS</b>													
<b>TOTAL HOURS</b>													

**TREMONTON CITY  
EMPLOYEE TIME CARD**

**EMPLOYEE NAME:** \_\_\_\_\_

**\*EMPLOYEE SIGNATURE:** \_\_\_\_\_

RECREATION	WEEK 1 _____							TOTAL	RECREATION	WEEK 2 _____							TOTAL	PERIOD
	SUN	MON	TUE	WED	THU	FRI	SAT	HOURS		SUN	MON	TUE	WED	THU	FRI	SAT	HOURS	HOURS
<b>Supervisor/Scorekeeper</b>									<b>Supervisor/Scorekeeper</b>									
Time IN									Time IN									
Time OUT									Time OUT									
<b>Umpire/Official/Referee</b>									<b>Umpire/Official/Referee</b>									
Time IN									Time IN									
Time OUT								Time OUT										
<b>TOTAL HOURS</b>								<b>TOTAL HOURS</b>										

\*I certify that the hours and other entries on this time sheet are correct and accurate in all respects.

REV 7-12.1

**Office Use Only:**

**PAY PERIOD** FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Activity: \_\_\_\_\_ GL #: \_\_\_\_\_ Hours: \_\_\_\_\_

Activity: \_\_\_\_\_ GL #: \_\_\_\_\_ Hours: \_\_\_\_\_

Activity: \_\_\_\_\_ GL #: \_\_\_\_\_ Hours: \_\_\_\_\_

Activity: \_\_\_\_\_ GL #: \_\_\_\_\_ Hours: \_\_\_\_\_

Activity: \_\_\_\_\_ GL #: \_\_\_\_\_ Hours: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Total Hours: \_\_\_\_\_