


PARK COUNTY

Employee Time Sheet

Name:		Employee ID:	
Department:		Pay Period Ending:	

	Pay Code	1	2	6	8	9	12	14	15	
	Dates	Reg	Reg O/T	Holiday	Holiday Worked	Holiday O/T	Sick Leave	Annual Leave	Other	
Sat										
Sun										
Mon										
Tues										
Wed										
Thurs										
Fri										
Week Total										
Sat										
Sun										
Mon										
Tues										
Wed										
Thurs										
Fri										
Week Total										
TOTALS										

I certify that this is the true record of all hours that I have worked and for which I expect to be paid for the period indicated.	I certify that I am aware of the above employee's work and that to the best of my knowledge, this time sheet is correct.
Employee Signature	Supervisor Signature
Date	Date