MONTAGUE COUNTY
EMPLOYEE RECORD OF HOURS WORKED

NAME: _____

WEEK 2
BEGINNING:

DAY	DATE	HOURS WORKED	DAILY LEAVE HOURS		DAILY TOTAL	Reason for Overtime Requires Supervisor's Signature
			TYPE	# HOURS		
THURSDAY						
IN	OUT					
IN	OUT					
FRIDAY						
IN	OUT					
IN	OUT					
SATURDAY						
IN	OUT					
IN	OUT					
SUNDAY						
IN	OUT					
IN	OUT					
MONDAY						
IN	OUT					
IN	OUT					
TUESDAY						
IN	OUT					
IN	OUT					
WEDNESDAY						
IN	OUT					
IN	OUT					
WEEKLY TOTALS						

MONTHLY SUMMARY						Leave Codes:
WEEK 1 TOTALS						WC=Workers Comp S=Sick
WEEK 2 TOTALS						F=Funeral V=Vacation
WEEK 3 TOTALS						P=Personal Leave H=Holiday
WEEK 4 TOTALS						E=Enforced C=Comp
WEEK 5 TOTALS						FML=Family Medical Leave
28 DAY TOTAL						** NOTE: Min. 160 hrs, Max. 171 hrs **

This statement truly reflects my hours worked and leave taken.

_____   _____
Employee Signature   Date

_____   _____
Supervisor Signature   Date