

Appendix Number 35

**EMPLOYEE TIME CARDS**

Notes:



REV 02-12.1

A35-2



EMPLOYEE NAME: \_\_\_\_\_ TREMONTON CITY CORP. EMPLOYEE SIGNATURE: \_\_\_\_\_

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 |
| Food Pantry        |        |     |     |     |     |     |     |       | Food Pantry        |        |      |     |     |     |     |     |       |        |     |
| Library            |        |     |     |     |     |     |     |       | Library            |        |      |     |     |     |     |     |       |        |     |
| Seniors - CS       |        |     |     |     |     |     |     |       | Seniors - CS       |        |      |     |     |     |     |     |       |        |     |
| Seniors - CM       |        |     |     |     |     |     |     |       | Seniors - CM       |        |      |     |     |     |     |     |       |        |     |
| Seniors - HDM      |        |     |     |     |     |     |     |       | Seniors - HDM      |        |      |     |     |     |     |     |       |        |     |
| Zoning/Inspection  |        |     |     |     |     |     |     |       | Zoning/Inspection  |        |      |     |     |     |     |     |       |        |     |
| City Office        |        |     |     |     |     |     |     |       | City Office        |        |      |     |     |     |     |     |       |        |     |
| Recreation         |        |     |     |     |     |     |     |       | Recreation         |        |      |     |     |     |     |     |       |        |     |
| Ambulance/FD       |        |     |     |     |     |     |     |       | Ambulance/FD       |        |      |     |     |     |     |     |       |        |     |
| Ambulance/FD       |        |     |     |     |     |     |     |       | Ambulance/FD       |        |      |     |     |     |     |     |       |        |     |
| Vacation           |        |     |     |     |     |     |     |       | Vacation           |        |      |     |     |     |     |     |       |        |     |
| Sick Leave         |        |     |     |     |     |     |     |       | Sick Leave         |        |      |     |     |     |     |     |       |        |     |
| OTHER              |        |     |     |     |     |     |     |       | OTHER              |        |      |     |     |     |     |     |       |        |     |
| <b>TOTAL HOURS</b> |        |     |     |     |     |     |     |       | <b>TOTAL HOURS</b> |        |      |     |     |     |     |     |       |        |     |

REV 3-11-1

EMPLOYEE NAME: \_\_\_\_\_ TREMONTON CITY CORP. EMPLOYEE SIGNATURE: \_\_\_\_\_

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 |
| Food Pantry        |        |     |     |     |     |     |     |       | Food Pantry        |        |      |     |     |     |     |     |       |        |     |
| Library            |        |     |     |     |     |     |     |       | Library            |        |      |     |     |     |     |     |       |        |     |
| Seniors - CS       |        |     |     |     |     |     |     |       | Seniors - CS       |        |      |     |     |     |     |     |       |        |     |
| Seniors - CM       |        |     |     |     |     |     |     |       | Seniors - CM       |        |      |     |     |     |     |     |       |        |     |
| Seniors - HDM      |        |     |     |     |     |     |     |       | Seniors - HDM      |        |      |     |     |     |     |     |       |        |     |
| Zoning/Inspection  |        |     |     |     |     |     |     |       | Zoning/Inspection  |        |      |     |     |     |     |     |       |        |     |
| City Office        |        |     |     |     |     |     |     |       | City Office        |        |      |     |     |     |     |     |       |        |     |
| Recreation         |        |     |     |     |     |     |     |       | Recreation         |        |      |     |     |     |     |     |       |        |     |
| Ambulance/FD       |        |     |     |     |     |     |     |       | Ambulance/FD       |        |      |     |     |     |     |     |       |        |     |
| Ambulance/FD       |        |     |     |     |     |     |     |       | Ambulance/FD       |        |      |     |     |     |     |     |       |        |     |
| Vacation           |        |     |     |     |     |     |     |       | Vacation           |        |      |     |     |     |     |     |       |        |     |
| Sick Leave         |        |     |     |     |     |     |     |       | Sick Leave         |        |      |     |     |     |     |     |       |        |     |
| OTHER              |        |     |     |     |     |     |     |       | OTHER              |        |      |     |     |     |     |     |       |        |     |
| <b>TOTAL HOURS</b> |        |     |     |     |     |     |     |       | <b>TOTAL HOURS</b> |        |      |     |     |     |     |     |       |        |     |

REV 3-11-1

Notes:



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

TREMONTON CITY CORP.  
EMPLOYEE TIME CARD

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

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 |       |        |
| Civic Center |        |     |     |     |     |     |     |       | Civic Center |        |      |     |     |     |     |     |       |        |
| Police Dept  |        |     |     |     |     |     |     |       | Police Dept  |        |      |     |     |     |     |     |       |        |
| Animal Cont. |        |     |     |     |     |     |     |       | Animal Cont. |        |      |     |     |     |     |     |       |        |
| Fire Dept    |        |     |     |     |     |     |     |       | Fire Dept    |        |      |     |     |     |     |     |       |        |
| Recreation   |        |     |     |     |     |     |     |       | Recreation   |        |      |     |     |     |     |     |       |        |
| Food Pantry  |        |     |     |     |     |     |     |       | Food Pantry  |        |      |     |     |     |     |     |       |        |
| Library      |        |     |     |     |     |     |     |       | Library      |        |      |     |     |     |     |     |       |        |
| Pub. Works   |        |     |     |     |     |     |     |       | Pub. Works   |        |      |     |     |     |     |     |       |        |
| HER          |        |     |     |     |     |     |     |       | OTHER        |        |      |     |     |     |     |     |       |        |
| TOTAL HOURS  |        |     |     |     |     |     |     |       | TOTAL HOURS  |        |      |     |     |     |     |     |       |        |

REV 3-11-1

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

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

TREMONTON CITY CORP.  
EMPLOYEE TIME CARD

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

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 |       |        |
| Civic Center |        |     |     |     |     |     |     |       | Civic Center |        |      |     |     |     |     |     |       |        |
| Police Dept  |        |     |     |     |     |     |     |       | Police Dept  |        |      |     |     |     |     |     |       |        |
| Animal Cont. |        |     |     |     |     |     |     |       | Animal Cont. |        |      |     |     |     |     |     |       |        |
| Fire Dept    |        |     |     |     |     |     |     |       | Fire Dept    |        |      |     |     |     |     |     |       |        |
| Recreation   |        |     |     |     |     |     |     |       | Recreation   |        |      |     |     |     |     |     |       |        |
| Food Pantry  |        |     |     |     |     |     |     |       | Food Pantry  |        |      |     |     |     |     |     |       |        |
| Library      |        |     |     |     |     |     |     |       | Library      |        |      |     |     |     |     |     |       |        |
| Pub. Works   |        |     |     |     |     |     |     |       | Pub. Works   |        |      |     |     |     |     |     |       |        |
| HER          |        |     |     |     |     |     |     |       | OTHER        |        |      |     |     |     |     |     |       |        |
| TOTAL HOURS  |        |     |     |     |     |     |     |       | TOTAL HOURS  |        |      |     |     |     |     |     |       |        |

REV 3-11-1

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

Notes:



Notes:

# Tremont 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                  | 0                 |                   |
| 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 \_\_\_\_\_

Notes:



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       | 10-74-100 |     |     |     |     |     |     |     |            |          |           |
|                   |           |     |     |     |     |     |     |     |            |          |           |
| 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.

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

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

REV 3-11.1

| 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        | 10-74-100 |     |     |     |     |     |     |     |             |          |           |                 |          |  |
|                    |           |     |     |     |     |     |     |     |             |          |           |                 |          |  |
| 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           |           |     |     |     |     |     |     |     |             |          |           |                 |          |  |
| SECOND WEEK TOTALS |           |     |     |     |     |     |     |     |             |          |           |                 |          |  |
| FIRST WEEK TOTALS  |           |     |     |     |     |     |     |     |             |          |           |                 |          |  |
| TOTAL HOURS        |           |     |     |     |     |     |     |     |             |          |           |                 |          |  |