

SHOSHONE COUNTY TIME CARD

Name _____ Date _____ Supervisor's Verification _____

Pay Ending _____

Date	Morning		Afternoon		Overtime		Daily Totals	Note Special Hours						
	In	Out	In	Out	In	Out		Vac	Sick Leave	C/T Used	C/T Earned	Holiday	Etc.	
25														
26														
27														
28														
29														
30														
31														
1														
2														
3														
4														
5														
6														
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21														
22														
23														
24														

I hereby certify under penalty that this is a true and correct statement of the hours worked by me on the day or days indicated and that no payment has been received by me on account thereof.

RECAP OF HOURS:

Regular Hours Worked: _____
 Vacation Hours Used: _____
 Sick Leave Hours Used: _____
 Comp Time Hours Used: _____
 Holiday Hours: _____
 Sub-Total: _____
 Holiday Hours Worked: _____
 Overtime Hours Worked: _____
 Total: _____

Employee: _____
 Comp Time Hours Earned: _____
 Afternoon: _____
 Graveyard: _____