

CITY OF STAFFORD

DEPARTMENT: _____

EMPLOYEE : _____

PERIOD ENDING: _____

DAY	DATE	IN/OUT	LUNCH	WORKED				OFF				
				REG	CE	HP	OT	CT	VAC	SICK	HOL	OTHER
SUN												
MON												
TUE												
WED												
THURS												
FRI												
SAT												
WEEK TOTAL				0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
SUN												
MON												
TUE												
WED												
THURS												
FRI												
SAT												
WEEK TOTAL				0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

TOTAL					
REG Reg Hours Worked	0.00	HP Holiday Hrs Worked	0.00	VAC Vacation Hours	0.00
CE CompHours Earned	0.00	SICK Sick Hours	0.00	CT Comp Hrs Taken	0.00
OT Overtime Hours-Paid	0.00	HOL Holiday Hours	0.00	OTHER Personal Holiday	0.00

Comp Time Hours Earned Computation: CE _____ times 1.5 = _____
(TO BE COMPLETED BY HUMAN RESOURCES)

I CERTIFY THAT THE ABOVE IS AN ACCURATE STATEMENT OF MY TIME

EMPLOYEE

DATE

SUPERVISOR

(Please see the back for additional information)