

Name: _____



Employee Signature & Date _____

Department: _____

Department Head Signature & Date _____

Rio Arriba County Bi-Weekly Timesheet

Month:		Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total
REGULAR HOURS	<i>In</i>															
	<i>Lunch out</i>															
	<i>Lunch in</i>															
	<i>Out</i>															
Total Regular																
Comp-time Earned																
Overtime Earned**																
** Overtime requires County Manager pre-approval																
Comp-time Taken																
Sick Leave																
Annual Leave																
Holiday																
Jury Duty																
Military Leave																
Bereavement Leave																
Admin Leave w/Pay																
Admin Leave w/o Pay																
FMLA																
Total																

Please attach Request for Leave Form

Comp-time/Overtime Earned	<i>In</i>															
	<i>Out</i>															
Total Earned																

Comp-time/Overtime Justification (Explain in detail why Comp-time/Overtime was necessary)

Date:	Reason	Date:	Reason
Date:	Reason	Date:	Reason
Date:	Reason	Date:	Reason
Date:	Reason	Date:	Reason