Name:

Department:

Employee Signature & Date

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** | *In* | | | | | | | | | | | | | | | |
| | *Lunch out* | | | | | | | | | | | | | | | |
| | *Lunch in* | | | | | | | | | | | | | | | |
| | *Out* | | | | | | | | | | | | | | | |
| **Total Regular** | | | | | | | | | | | | | | | | |
| 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** | | | | | | | | | | | | | | | | |

***** Overtime requires County Manager pre approval***

**Please attach Request for Leave Form**

| **Comp time/Overtime Earned** | *In* | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *Out* | | | | | | | | | | | | | | | |
| **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 |