Name:

0600-1400 Day Watch
1400-2200 Evening/Swing
2200-0600 Morning/Graveyard
0800-1600 Transports

Employee Signature & Date

Department Head Signature & Date

Rio Arriba County - Detention Center Timesheet

Month:		**Sun**	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**	**Sun**	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**	**Total**
REGULAR HOURS	*In*															
	Out															
Total Regular																
Comp-time Earned																
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 Earned	*In*															
	Out															
Total Comp Earned																

Comp-time Justification **(Explain in detail why comp-time was necessary)**

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