

MADISON COUNTY TIME SHEET

NAME: _____

SALARY: _____

PAY PERIOD: From _____ to _____

DEPARTMENT: _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15			
																	Regular Hours
																	Overtime Hours
																	Sick Leave
																	Vacation Leave
																	Holiday Benefit
																	Comp Time Earned
																	Comp Time Taken
																	Administrative Leave COVID-19
																	Other
																	Total Hours
																	Car Days
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
																	Regular Hours
																	Overtime Hours
																	Sick Leave
																	Vacation Leave
																	Holiday Benefit
																	Comp Time Earned
																	Comp Time Taken
																	Administrative Leave COVID-19
																	Other
																	Total Hours
																	Car Days

By signing below, employee certifies time reported is true and accurate.

Employee Signature: _____ Date: _____

Approved By: _____ Date: _____



	For Office Use Only
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Total	