

REQUEST FOR PERSONAL TIME TO BE USED OR MISSED PUNCHES TO BE ADDED

****PLEASE USE ONE SHEET PER WEEK****

NAME _____

FOR THE WEEK OF: _____

DATE _____

MISSED PUNCHES:		IN:	OUT:	IN:	OUT:
VACATION		SICK		COMP	
		EMERGENCY		CAT. ILL.	*OTHER

DATE _____

MISSED PUNCHES:		IN:	OUT:	IN:	OUT:
VACATION		SICK		COMP	
		EMERGENCY		CAT. ILL.	*OTHER

DATE _____

MISSED PUNCHES:		IN:	OUT:	IN:	OUT:
VACATION		SICK		COMP	
		EMERGENCY		CAT. ILL.	*OTHER

DATE _____

MISSED PUNCHES:		IN:	OUT:	IN:	OUT:
VACATION		SICK		COMP	
		EMERGENCY		CAT. ILL.	*OTHER

DATE _____

MISSED PUNCHES:		IN:	OUT:	IN:	OUT:
VACATION		SICK		COMP	
		EMERGENCY		CAT. ILL.	*OTHER

DATE _____

MISSED PUNCHES:		IN:	OUT:	IN:	OUT:
VACATION		SICK		COMP	
		EMERGENCY		CAT. ILL.	*OTHER

DATE _____

MISSED PUNCHES:		IN:	OUT:	IN:	OUT:
VACATION		SICK		COMP	
		EMERGENCY		CAT.ILL.	*OTHER

By signing below, the following employees are authorized as timekeepers for the above department and as timekeepers they acknowledge that knowingly falsifying information on the timesheet is a general charge of tampering with a government document and is a CLASS A misdemeanor punishable by up to 365 days in jail and up to \$4,000.00 fine

EMPLOYEE SIGNATURE

DEPARTMENT HEAD/SUPERVISOR