

BUNCOMBE COUNTY EMPLOYEE RECORD OF HOURS WORKED AND LEAVE TAKEN

Name: _____ Department: _____
 Address: _____ SS#: _____ Pay Period Covered: _____
 Position Title: _____

LEAVE CODES	
A	ANNUAL LEAVE
S	SICK
H	HOLIDAY
PT	PERSONAL TIME
CT	COMP TAKEN
E	EDUCATIONAL
F	FUNERAL
M	MILITARY
J	JURY DUTY
OC	ON CALL

THIS RECORD MUST BE PRESERVED FOR 3 YEARS

DO NOT INCLUDE LUNCH TIME IN TOTAL

DATE	REGULAR							TOTAL HRS WORKED	OVERTIME HRS TO BE PAID	COMP HOURS EARNED	TOTAL HOURS TO BE PAID
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY				
TOTAL HOURS											

PAY PERIOD	HOLIDAY		ANNUAL		SICK		MILITARY		COMP TAKEN		TOTAL HOURS WORKED	TOTAL O/T HOURS	TOTAL COMP EARNED	TOTAL HOURS TO BE PAID
	HOLIDAY	ANNUAL	ANNUAL	SICK	MILITARY	TAKEN	EDUCAT	PERSONAL						
NAME OF BANKED HOLIDAY														
HOLIDAY HOURS WORKED	JURY			FUNERAL	EDUCAT	PERSONAL								

I CERTIFY THAT I HAVE WORKED THE HOURS INDICATED ON THIS FORM. I CERTIFY THAT THE TIME RECORDED IS TRUE TIME WORKED

EMPLOYEE SIGNATURE _____ DATE _____ SUPERVISOR SIGNATURE _____ DATE _____

INDICATE AND EXPLAIN THE AMOUNT AND NATURE OF ANY PAYMENT EXCLUDED FROM THE REGULAR PAYMENT OR RATE AND OR REASON FOR ANY OVERTIME WORKED.

