TOOELE CITY CORPORATION Employee Time Report

PP Start															
Record times to the nearest quarter of an hour (.25)												M / D / Y			
Employee Name PP End											34 / 10 / 37				
Last First											M/D/Y				
Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat		
														Tot. Hrs.	Codes
															1
															1
															1
															2
					FOR P	AYRO	LL USE	ONLY						80	
															3
															3
															4
															5
															6
															7
															8
															3
															4
					FOR P	AYRO	LL USE	ONLY							
															9
															10
															11
1															
•											T	otal Dov	vn		
NOT TO BE INCLUDED WITH TOTAL HOURS							13								
bloyee Signature Dat			Date Supervisor Signature							Date					
	Employ Last	Employee Name Last	Employee Name Last	Sun Mon Tues Wed Sun Mon Tues Wed Sun Mon Tues Wed Image: Sun series of the series o	Sun Mon Tues Wed Thurs Sun Mon Tues Wed Thurs Image: Sun in the stress of the s	Employee Name Sun Mon Tues Wed Thurs Fri Sun Mon Tues Wed Thurs Fri Image: Superstand Superstan	Last First Sun Mon Tues Wed Thurs Fri Sat I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I	Employee Name First Sun Mon Tues Wed Thurs Fri Sat Sun Image: Sun in the stress of the strest	First Sun Mon Tues Wed Thurs Fri Sat Sun Mon Image: Sun state in the state	Employee Name First Sun Mon Tues Wed Thurs Fri Sat Sun Mon Tues Image: Sun in the stress of the stres	First Sun Mon Tues Wed Thurs Fri Sat Sun Mon Tues Wed I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I <td>Record times to the nearest quarter of an hour (.25) Employee Name Text Sun Mon Tues Wed Thurs Fri Sat Sun Mon Tues Wed Thurs Sun Mon Tues Wed Thurs Fri Sat Sun Mon Tues Wed Thurs Image: Sun in the intermediate intermed</td> <td>Record times to the nearest quarter of an hour (.25) Employee Name PP and Las First Non Tues Wed Thurs Fri Sat Sun Mon Tues Wed Thurs Fri Image: Solution of the second state stat</td> <td>Record times to the nearest quarter of an hour (.2.5) PP End Last PP Into Sun Mon Tues Wed Tuns Frit Sat Sun Mon Tues Wed Tuns Frither Image: Ima</td> <td>M / D / PP End Lat PP End M / D / Sum Mon Tues Wed Thurs Fri Sat Sun Mon Tues Wed Tun Fri M / D / au Mon Tues Wed Thurs Fri Sat Sun Mon Tues Wed Thurs Fri Sat Tot. Hrs. au au</td>	Record times to the nearest quarter of an hour (.25) Employee Name Text Sun Mon Tues Wed Thurs Fri Sat Sun Mon Tues Wed Thurs Sun Mon Tues Wed Thurs Fri Sat Sun Mon Tues Wed Thurs Image: Sun in the intermediate intermed	Record times to the nearest quarter of an hour (.25) Employee Name PP and Las First Non Tues Wed Thurs Fri Sat Sun Mon Tues Wed Thurs Fri Image: Solution of the second state stat	Record times to the nearest quarter of an hour (.2.5) PP End Last PP Into Sun Mon Tues Wed Tuns Frit Sat Sun Mon Tues Wed Tuns Frither Image: Ima	M / D / PP End Lat PP End M / D / Sum Mon Tues Wed Thurs Fri Sat Sun Mon Tues Wed Tun Fri M / D / au Mon Tues Wed Thurs Fri Sat Sun Mon Tues Wed Thurs Fri Sat Tot. Hrs. au

*See reverse for description. Any questions regarding computation of this form may be directed to the Payroll Administrator @ 435-843-2154 Form #6 Rev. 5-2004

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Employee Name													
			Record times to the nearest quarter hour (.25)										
*Other Regular include	s: Training, Jury	Duty or Time A	llocated Differently.										
**Other Overtime inclu	ides: Overtime A	llocated Differer	ntly i.e. Grants or Overtime	e Allocated to Different Department									
Explanation of Leave Taken or Other Regular Hours Worked													
Date	From	То	Hours	Comments/Special Circumstances and Explanation:									
Explanation of Overtime or Compensatory Leave Earned													
Employee Signature			Date	Supervisor Signature	Date								

If Additional room is needed please attach a separate sheet. Form #6 Rev. 5-2004