

TOOELE CITY CORPORATION
Employee Time Report

Department	PP Start														M / D / Y	
	<i>Record times to the nearest quarter of an hour (.25)</i>															
Employee #	PP End														M / D / Y	
	Employee Name															
	Last							First								
Day	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat		
Date															Tot. Hrs.	Codes
Regular																1
*Other Regular																1
Paid Holiday																1
Funeral Leave																2
FOR PAYROLL USE ONLY														80		
Paid Overtime																3
**Other Paid Overtime																3
Earned Comp Time (Actual Hours Worked)																4
Holiday Worked as Overtime Paid																5
Holiday Worked as Comp Time Earned																6
Holiday Worked for Police Officers																7
FOR PAYROLL USE ONLY																
On Call Pay (Mark day w/ an X)																8
Call out Paid as Overtime																3
Call out As Earned Comp Time																4
FOR PAYROLL USE ONLY																
Comp Time Taken																9
Annual Leave (Vacation)																10
Sick Leave																11
TOTAL ACROSS																
FOR PAYROLL USE ONLY														Total Down		
FMLA Protected Leave	NOT TO BE INCLUDED WITH TOTAL HOURS														13	
Employee Signature					Date				Supervisor Signature				Date			

*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

TOOELE CITY CORPORATION

Employee Time Report

Employee Name

Record times to the nearest quarter hour (.25)

*Other Regular includes: Training, Jury Duty or Time Allocated Differently.

**Other Overtime includes: Overtime Allocated Differently i.e. Grants or Overtime Allocated to Different Department

Explanation of Leave Taken or Other Regular Hours Worked

Date	From	To	Hours	Comments/Special Circumstances and Explanation:

Explanation of Overtime or Compensatory Leave Earned

Date	From	To	Hours	Comments/Special Circumstances and Explanation:

Employee Signature	Date	Supervisor Signature	Date
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