Department	
Employee	
Week Ending Date (Sunday)	

Day	Date	In	Out	In	Out	REGULAR HOURS	SICK	VACATION	OTHER PTO	TOTALS	NOTES (e.g. specify which type of other PTO)
					TOTALS						Regular & PTO Hours Total

OVERTIME*

Day	Date	Work Start	Work Stop	OT/DESCRIPTION OF WORK	Dispatched by	OT WORKED	FOR INTERNAL USE ONLY
					TOTAL		

***Overtime is subject to all existing policies and procedures and MUST be preapproved in accordance with Department standards.**

Your signature attests to the accuracy of all information submitted on this form.

Employee Signature _____ **Supervisor Approval** _____

Date _____ **Date** _____