

BENTON COUNTY EMPLOYEE TIME AND ATTENDANCE REPORT

FOR PAYROLL PERIOD ENDING _____

EMPLOYEE NAME _____

EMPLOYEE NUMBER _____

DEPARTMENT _____

Using the Code letters shown, insert daily hours and pertinent Code letter for each day. Some days may have more than one entry. Sick leave may not be charged in **less than one (1) hour increments**. Vacation leave shall be charged against employees in **not less than one (1) hour units**.

CAR ALLOWANCE _____				
<i>Circle below</i>	<u>PAID TIME</u>	<u>NUMBER HRS.</u>	<u>UNPAID TIME</u>	<u>NUMBER HRS.</u>
<i>FMLA</i>	W-hours worked	_____	NP-leave without pay	_____
<i>if applies</i>	H-holiday(s)	_____	FMLA sick leave w/o pay	_____
FMLA	S-sick leave	_____		_____
FMLA	A-annual leave	_____		_____
FMLA	C-comp. Leave	_____		_____
	O-other excused	_____		_____
TOTAL HOURS PAID		_____	TOTAL HOURS UNPAID	_____
GRAND TOTAL HOURS _____				

First Week Ending	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Worked Hours Up To 40	Paid Leave Taken	Worked Hours Over 40
[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]

Second Week Ending	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Worked Hours Up To 40	Paid Leave Taken	Worked Hours Over 40
[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]

I certify that the above reported information is correct and that I have followed all county policies in determining that the time I have worked and the fringe time I have used.

Total Work Hours Paid	Total Leave Hours Paid	Time Bank Hours Earned
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Employee Signature

Approved by Elected Official or Department Head

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