MONROE COUNTY SHERIFF'S OFFICE TIMESHEET

(A) Name:	(B) Dept #:	(C) 7 day ☐ 28 day ☐ exempt ☐	(D) Pay Period 1: From To	(E) Pay Period 2: From To

		1st Week							SUB TOTAL	2nd Week							TOTAL	3rd Week							SUB TOTAL	4th Week							TOTAL	GRAND TOTAL
(F) Day		M	T	W	T	F	S	S		M	T	W	T	F	S	S		M	T	W	T	F	S	S		M	T	W	T	F	S	S		
(F) Date																																		
(G) Actual Time Worked																																		
(H) A/S, FTO																																		
(I) Temp. Assign.	Dept. #																																	
	Hours																																	
(J) Earned Comp & OT																																		
(K) Special Comp Earned Formula (Beg. Bal. (BB))		J _____ – L _____ = _____ × 1.5 = _____ + BB _____ =							(BB) ____	J _____ – L _____ = _____ × 1.5 = _____ + BB _____ =							(BB) ____	J _____ – L _____ = _____ × 1.5 = _____ + BB _____ =							(BB) ____	J _____ – L _____ = _____ × 1.5 = _____ + BB _____ =							(BB) ____	(BB) ____
(L) Comp Taken																																		
(M) Vacation																																		
(N) Sick																																		
(O) Admin. w/pay																																		
(P) Admin. w/out pay																																		
(Q) Holiday/Birthday																																		

TOTAL SCHEDULED SHIFT (G–J+L+M+N+O+P+Q).

APPROVAL/EXPLANATION OF TIME TAKEN OFF						
From Date	To Date	Hours	Type of Hours	Justification	Sup Init	Appr Date

APPROVAL/EXPLANATION OF TIME TAKEN OFF						
From Date	To Date	Hours	Type of Hours	Justification	Sup Init	Appr Date

I HEREBY CERTIFY THIS IS A TRUE AND ACCURATE RECORD OF ALL TIME WORKED AND LEAVE TAKEN DURING THIS PERIOD AND FULLY UNDERSTAND THAT FALSIFICATION SHALL BE CAUSE FOR DISMISSAL.

OPS #14 (1) _____ Member Date (1) _____ Supervisor Date (2) _____ Member Date (2) _____ Supervisor Date

White: Payroll (Pay Period 1) Yellow: Payroll (Pay Period 2) Pink: Supervisor Goldenrod: Member