

WARREN COUNTY TIME SHEET

MONTH OF _____, 20____

NAME: _____

(Please P R I N T)

DATE:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
HOURS WORKED															
SICK LEAVE															
ANNUAL LEAVE															
HOLIDAY															
JURY DUTY															
WITHOUT PAY															
TOTAL HOURS:															

DATE:	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
HOURS WORKED																
SICK LEAVE																
ANNUAL LEAVE																
HOLIDAY																
JURY DUTY																
WITHOUT PAY																
TOTAL HOURS:																

SCORE KEEPER

(Fill in Shaded Area - Hours Worked/Total Hours)

(Sign and Date)

Fill in hours worked on back, including lunch break

INSTRUCTIONS: Hours worked or leave taken must be shown for each day
 For example; 3.5 of "sick" time would mean 3.5 hours of sick leave taken.
 Note that more than one category may be entered for any work day.

TOTAL HOURS: REGULAR TIME _____ OVERTIME HOURS _____

I certify, under penalties of perjury, that the undersigned, have reviewed this document and find it, to the best of my knowledge, to be true, correct, and complete.

Employee Signature

Date

 Managers Signature

 Date

By signing off on this form, I acknowledge the time on this sheet matches with the time card attached.

 Department Head Signature

 Date