FRANKLIN COUNTY EMPLOYEE BI-WEEKLY TIME SHEET

Last Name	First Name	***-**- Last 4 of Social Sec. #	Pay Period Dates

(Col. 1)	(Col. 2)	(Col. 3)	(Col. 4)	(Col. 5)	(Col. 6)	(Col. 7)	(Col. 8)	(Col. 9)	(Col. 10)	(Col. 11)
Days	Date	Reg. Hours Worked	Overtime Hrs (after 40 Worked)	Vac. Hrs. Taken	Sick Leave Hrs. Taken (*Note if FMLA)	Comp Hrs. Taken	Holiday Hrs. Taken	Other Hours Explain Below	Total Hrs.	Compensation Time Earned
Week 1										Hours Worked over 40
Sunday										
Monday										
Tuesday										Comp Rate 1
Wednesday										Comp Rate 1.5
Thursday										
Friday										Comp Earned Week One
Saturday										
Total Wk. 1										
Week 2										Hours Worked over 40
Sunday										
Monday										
Tuesday										Comp Rate 1
Wednesday										Comp Rate 1.5
Thursday										
Friday										Comp Earned Week Two
Saturday										
Total Wk. 2										
		Reg. Hrs.	**O/T Hrs.**	**Vac. Hrs.**	**Sick Leave**	**Comp Tkn.**	**Hol. Hrs.**	**Other Hrs.**	**Total Hrs.**	**Total Comp Time Earned**
Totals for Pay Period										

I certify that the above hours were worked and have been recorded correctly,

Employee's Signature Date

Employee Contact Phone#

Employer's Signature Date

Leave	Beg Balance	Earned	Taken	End Bal
Sick				
Comp				
Vacation				
Admin				
FMLA				
Military				

Pleae attach Special Notes

Payroll Use Only	
Hours Worked	
Sick Taken	
Admin Taken	
Comp Taken	
Vac Taken	
Holiday	
Other	
OT - Straight	
OT - 1.5	