

Town of Shelburne
Employee Time Sheet

Employee Name: _____

Employee #: _____

Pay Date (Thursday) _____

| | Date | Time In | Time Out | Regular Hours | | Overtime Hours | | *Holiday | | Sick Used | Vacation Used | Personal Used | Comp Time +/- | Holiday Worked Comp Earned | Holiday Worked Comp Used | **Shift 1 Differential | **Shift 2 Differential | Total Differential | OIC |
|--------------|------|---------|----------|---------------|----|----------------|----|-------------|----|-------------|---------------|---------------|---------------|----------------------------|--------------------------|------------------------|------------------------|--------------------|-------------|
| | | | | D1 | D2 | D1 | D2 | D1 | D2 | | | | | | | | | | |
| Mon | 12/3 | | | 0:00 | | 0:00 | | | | | | | | | | 0.00 | 0.00 | 0.00 | |
| Tue | 12/4 | | | 0:00 | | 0:00 | | | | | | | | | | 0.00 | 0.00 | 0.00 | |
| Wed | 12/5 | | | 0:00 | | 0:00 | | | | | | | | | | 0.00 | 0.00 | 0.00 | |
| Thu | 12/6 | | | 0:00 | | 0:00 | | | | | | | | | | 0.00 | 0.00 | 0.00 | |
| Fri | 12/7 | | | 0:00 | | 0:00 | | | | | | | | | | 0.00 | 0.00 | 0.00 | |
| Sat | 12/8 | | | 0:00 | | 0:00 | | | | | | | | | | 0.00 | 0.00 | 0.00 | |
| Sun | 12/9 | | | 0:00 | | 0:00 | | | | | | | | | | 0.00 | 0.00 | 0.00 | |
| Total | | | | 0:00 | | 0:00 | | 0:00 | | 0:00 | 0:00 | 0:00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

On Call Amount: _____

40:00

Special Duty Job: _____ Date: _____ Hours: _____
 Special Duty Job: _____ Date: _____ Hours: _____
 Special Duty Job: _____ Date: _____ Hours: _____
 Special Duty Job: _____ Date: _____ Hours: _____
 Special Duty Job: _____ Date: _____ Hours: _____

Overtime Date: 12/3 O-T Hrs: 0:00 Reason: _____
 Overtime Date: 12/4 O-T Hrs: 0:00 Reason: _____
 Overtime Date: 12/5 O-T Hrs: 0:00 Reason: _____
 Overtime Date: 12/6 O-T Hrs: 0:00 Reason: _____
 Overtime Date: 12/7 O-T Hrs: 0:00 Reason: _____
 Overtime Date: 12/8 O-T Hrs: 0:00 Reason: _____
 Overtime Date: 12/9 O-T Hrs: 0:00 Reason: _____

| | |
|----------------------|--|
| EDUC 100-4100-99.07 | |
| OP 100-4100-99.08 | |
| DUI 100-4100-99.09 | |
| DRE 100-4100-99.10 | |
| EQUIP 100-4100-99.11 | |
| CODE 4 | |

Employee Signature: _____ Date Submitted: _____

Supervisor Signature: _____

Time Sheets must be submitted no later than 0800 hours on Monday. Late time sheets will not be paid until the following week.

* Enter holiday hours only if actually worked.

** Shift differential applies to Police Department only.