

Weekly Time Sheet

Employee ID _____

Employee: Melissa Brogan

Week Of: 2.3-2.7.14

Date	Time In	Lunch Out	Lunch In	Break Out	Break In	Time Out	# of Reg Hours Worked	# of Sick Hours Used	# of Overtime Hours	Comments	
							REG	SICK	OT Hours		
Sun											
Mon	2.3	8:30						3.42		is all that is available	
Tue	2.4	8:30	11:30			4:30	7.00	2.00		Sick	
Wed	2.5	8:30				5:45	7.00 ^{7.00}		2.25	X/ Petitions	
Thu	2.6	8:30	11:30			4:30	7.00				
Fri	2.7	10:15	11:30			4:30	5.25	1.75	No Overtime SIC	Dentist in am	
Sat											
Total Hours For Each Category:							26.25 28.50	3.42 8.75	2.25	Total Weekly Hours 31.92 ✓ 37.25	

EMPLOYEE CERTIFICATION: The times indicated above are true and accurate to the best of my knowledge. I understand that the intentional falsification of records may subject me to disciplinary action.

Melissa Brogan
Employee Signature

2.10.14
Date

SUPERVISOR APPROVAL: The times indicated above are true and accurate to the best of my knowledge. Careful calculation has been conducted to ensure correct hours to be paid.

Harriet J. Smith
Supervisor Signature

1/10/2014
Date

Weekly Time Sheet

Employee

Employee: Melissa Bregan

Week Of: 1.27 - 1.31.14

Date	Time In	Lunch Out	Lunch In	Break Out	Break In	Time Out	# of Reg Hours Worked	# of Sick Hours Used	# of Overtime Hours	Comments	
							REG	SICK	OT Hours		
Sun											
Mon	1.27	8:30	11:30	12:30		4:30	7.00				
Tue	1.28	8:30	11:30	12:30		4:30	7.00				
Wed	1.29	8:30	11:30	12:30		4:30	7.00				
Thu	1.30	8:30	11:30	12:30		4:30	7.00				
Fri	1.31	8:30	12:30	1:30		4:30	7.00				
Sat											
Total Hours For Each Category:							35.00			Total Weekly Hours	35.00

EMPLOYEE CERTIFICATION: The times indicated above are true and accurate to the best of my knowledge. I understand that the intentional falsification of records may subject me to disciplinary action.

Melissa Bregan
Employee Signature

1.31.14
Date

SUPERVISOR APPROVAL: The times indicated above are true and accurate to the best of my knowledge. Careful calculation has been conducted to ensure correct hours to be paid.

Frank Schmitt
Supervisor Signature

1.31.2014
Date

Weekly Time Sheet

Employee: _____ Employee: Melissa Brogan Week Of: 1.20.14 - 1.24.14

Date	Time In	Lunch Out	Lunch In	Break Out	Break In	Time Out	# of Reg Hours Worked	# of Sick Hours Used	# of Overtime Hours	Comments	
							REG	SICK	OT Hours		
Sun											
Mon	<u>1.20</u>	_____									<u>MLK Jr. Day</u>
Tue	<u>1.21</u>	<u>8:30</u>	<u>11:30</u>	<u>12:30</u>		<u>4:30</u>	<u>7.00</u>				
Wed	<u>1.22</u>	<u>8:30</u>	<u>11:30</u>	<u>12:30</u>		<u>4:30</u>	<u>7.00</u>				
Thu	<u>1.23</u>	<u>8:30</u>	<u>11:30</u>	<u>12:30</u>		<u>4:30</u>	<u>7.00</u>				
Fri	<u>1.24</u>	<u>8:30</u>	<u>11:30</u>	<u>12:30</u>		<u>4:30</u>	<u>7.00</u>				
Sat											
Total Hours For Each Category:							<u>28.00</u>			Total Weekly Hours	<u>28.00</u>

EMPLOYEE CERTIFICATION: The times indicated above are true and accurate to the best of my knowledge. I understand that the intentional falsification of records may subject me to disciplinary action.

Melissa Brogan
Employee Signature

1.24.14
Date

SUPERVISOR APPROVAL: The times indicated above are true and accurate to the best of my knowledge. Careful calculation has been conducted to ensure correct hours to be paid.

[Signature]
Supervisor Signature

1.24.2014
Date