Last Name Firs			Middle				Employee No.		County of Granville Hourly Employee Timesheet					
Department .							Ī	Holiday	Sick	Vac	Other	Notes		
						Previous	Balance ⇒							
USE 24 HOUR CLOCK FOR TIMES Earned th							nis period 👄							
	$\Longrightarrow$													
	Date		•	Leave Time Used .										
Sun														
Mon														
Tue														
Wed														
Thur														
Fri														
Sat														
	e Total													
Sun														
Mon														
Tue														
Wed														
Thur														
Fri														
Sat														
Week Two Total														
			Total Used This Period											
0	Oak lada		Balance Ca	arried Forw	vard	$\Rightarrow$			N4					
Week	ne Calculations ek 1: - 40 =					1	My signature certifies that is a true and accurate statement of hours worked and leave taken.							
Week		Tatal	] -	40	] =	O a atima a	]							
		Total	x		x	Overtime 1.5	]		Employe	Δ			Date	
Wk 1	Wk 2	Total	_ ^	Hourly	_ ^	1.5	Overtime				fies that the	e employe		
O.T	O.T.	Overtime		Rate			Pay Due						f my knowledge.	
Straight I	ime Calculati +	ions	1 +		1 =		1							
Week 1		Week 2		Paid	_ =	Straight	1							
Straight (40 max)		Straight (40 max)		Leave Taken	Straight Pay Due	Hours Due	e		Employe	e Supervi	sor		Date	
( To many	Straight	] x	Hourly	] =					Our signature certify that we have read and agree with the payment calculations shown on this form, and that the form is accurate to the best of our knowledge.				s form, and that	
Total	Hours Due		Rate		Pay Due				Departm	nent Direc	tor		Date	
	Straigh	t Pav	+ Overtir	ne Pay	] =	Total Pay	]		•					
	2 c. gi i	,	0.01111	J					County I	Manager			Date	