

City of Durant

Name: _____
 Employee #: _____

Bi-Weekly Time Sheet

Dept: _____
 Dates: _____

Date	Hours Worked					Hours Used or Earned						
	Non-Project Hrs.	Vacation	Sick Leave	Holiday	Comp Time Used	a	b	c	d	e	f	g
						Total Hours Worked	If column (a) is 40 hrs or more Subtract 40 hrs from column (a)	Multiply column (b) x 1.5	Authorized Leave Hrs. Taken (not including comp time)	Call Back Earned	If column (a) is less than 40 hrs, total a + d + e, then subtract 40 for total comp time earned or taken (-)	If column (a) is more than 40 hrs total columns c + d + e for total comp time earned
Saturday												
Sunday												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Week 1 Total												
Saturday												
Sunday												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Week 2 Total												

I hereby certify that the hours reported hereon are true and correct:

Employee: _____

Department Head: _____

Pay Period Totals

Hours Worked:	_____
Vacation Leave (V):	_____
Sick Leave (S):	_____
Holiday Leave (H):	_____
Comp Time (C):	_____
Other Leave (O):	_____
Overtime Hours (OT)	_____