Hart County
Record of Time Worked

For pay period beginning _____ and ending _____

Week 1	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Total
Date Worked:								
Time Work Began:								
Time Work Ended:								
Total Hours Worked:								
Leave Time Taken: a								
Type Leave Taken:								

Week 2	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Total
Date Worked:								
Time Work Began:								
Time Work Ended:								
Total Hours Worked:								
Leave Time Taken: a								
Type Leave Taken:								

a - leave taken must be one or more of the following types: vacation, sick, personal, funeral, civil, military, or compensatory.

Note: For departments working 8:30 a.m. - 5:00 p.m. or 8:00 a.m. - 4:30 p.m. a 30 minute lunch will be assumed unless otherwise noted.
For departments working 8:00 a.m. - 5:00 p.m. a 1 hour lunch will be assumed unless otherwise noted.

Office Use Only:

Total compensatory hours earned during this pay period: _____

Total overtime hours paid during this pay period: _____

_____ _____
(Signature of Employee) (Date)

I certify that I have worked the days and hours indicated above.

_____ _____
(Signature of Department Head) (Date)

I certify that the above information is true and correct.