

# Comal County Exempt Time Sheet

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**Department Name** \_\_\_\_\_

Employee Name & Number: \_\_\_\_\_

Address \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Department Phone \_\_\_\_\_

Period Starting: 9/10/2016 Ending: 9/24/2016

Day of Week	Time In	Time Out	Time In	Time Out	Time In	Time Out	Regular Hrs	Holiday Hrs	Sick Hrs	Other Hrs	Vacation Hrs	Leave Code
Sat 9/10												
Sun 9/11												
Mon 9/12												
Tue 9/13												
Wed 9/14												
Thu 9/15												
Fri 9/16												
Sat 9/17												
Sun 9/18												
Mon 9/19												
Tue 9/20												
Wed 9/21												
Thu 9/22												
Fri 9/23												
Sat 9/24												
<b>Total Hrs:</b>												
<b>Grand Total Hours:</b>											<b>0.00</b>	

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that I worked the hours shown above - no more, no less. I understand that any leave taken must be approved (pre-approved, when appropriate/required) and any overtime worked must have been pre-approved by my supervisor.

NOTES:

Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify acceptance of the employee's hours shown above and I approve any overtime worked and have verified that overtime is available in my department budget.

Comp Hour Bank

Pay out overtime

**B = Bereavement**  
**V = Vacation**  
**S = Sick**  
**H = Holiday**  
**C = Comp Time**

**JD = Jury Duty**  
**MI = Military**  
**ST = Short-term Disab**  
**LT = Long-term Disab**  
**US = Unpaid Suspension**  
**PS = Paid Suspension**

**E = Excused (Leave with Pay)**  
**LWOP = LV Without Pay**  
**WC = Workers Compensation**

# Comal County Non-Exempt Time Sheet

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**Department Name** \_\_\_\_\_

Employee Name & Number: \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Department Phone \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Period Starting: 9/10/2016 Ending: 9/24/2016

Day of Week	Time In	Time Out	Time In	Time Out	Time In	Time Out	Regular Hrs	Holiday Hrs	Sick Hrs	Other Hrs	Vacation Hrs	Leave Code
Sat 9/10							0.00					
Sun 9/11							0.00					
Mon 9/12							0.00					
Tue 9/13							0.00					
Wed 9/14							0.00					
Thu 9/15							0.00					
Fri 9/16							0.00					
Sat 9/17							0.00					
Sun 9/18							0.00					
Mon 9/19							0.00					
Tue 9/20							0.00					
Wed 9/21							0.00					
Thu 9/22							0.00					
Fri 9/23							0.00					
Sat 9/24							0.00					
<b>Total Hrs:</b>												
											<b>Grand Total Hours:</b>	<b>0.00</b>

Please use Military Time (24 hours) to enter arrival and departure times. Examples: 8:00am=8:00 or 1:05pm=13:05  
5:00pm=17:00 or 4:30pm=16:30

Total Hrs: \_\_\_\_\_

Grand Total Hours: **0.00**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that I worked the hours shown above - no more, no less. I understand that any leave taken must be approved (pre-approved, when appropriate/required) and any overtime worked must have been pre-approved by my supervisor.

Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify acceptance of the employee's hours shown above and I approve any overtime worked and have verified that overtime is available in my department budget.

**NOTES:**

1. If you occasionally work seven additional minutes or less, do not count that time as additional hours worked. However, if you occasionally work more than seven minutes, but less than 15 minutes, round this time up to the next 15-minute increment and count 15 minutes of additional work time. If early arrivals or late departure occur on a regular basis and/or multiple times during a workweek, actual minutes should be counted for the entire workweek.
2. Note the total hours worked for each workday.  
Your lunch break does not count as time worked.  
Two 15-minute breaks, if taken, do count as time worked (but cannot be used to extend the lunch or be placed at the beginning or end of the day to shorten the work day).

For more information, see Comal County Policy 5.03 pg. 27 (Rest and Meal Periods).

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