MADISON COUNTY TIME SHEET (Fill-in)

NAME: _____ SALARY: _____

PAY PERIOD: From _____ to _____ DEPARTMENT: _____Fill-in_____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15				Dept Initial
																Airport Board 2170-430320-100		
																Attorney 1000-411100-112		
																Clerk & Recorder 1000-410900-100		
																Commissioners 1000-410100-112		
																EMS 1000-420600-112		
																Finance 1000-410550-112		
																Grants 1000-411840-100		
																Justice Court 1000-410340-112		
																Planning 2250-470210-112		
																Public Health 2973-440100-112		
																Sanitarian 1000-440140-112		
																Solid Waste 5410-430840-112		
																Sheriff 1000-420110-112		
																Treasurer 1000-410510-112		
																Overtime Hours		
																FMLA		
																Holiday Benefit		
																Sick Leave		
																Vacation Leave		
																Total Hours		

By signing below, employee certifies time reported is true and accurate.

Employee Signature: _____ Date: _____

Approved By: _____ Date: _____

MADISON COUNTY TIME SHEET (Fill-in)

NAME: _____ SALARY: _____

PAY PERIOD: From _____ to _____ DEPARTMENT: _____Fill-in_____

16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
																Airport Board 2170-430320-100		
																Attorney 1000-411100-112		
																Clerk & Recorder 1000-410900-100		
																Commissioners 1000-410100-112		
																EMS 1000-420600-112		
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																Vacation Leave		
																Total Hours		

By signing below, employee certifies time reported is true and accurate.

Employee Signature: _____ Date: _____

Approved By: _____ Date: _____