

Clarendon County Fire Department Internal Time Sheet

Name _____ Employee No. _____

DAYS	SUN	MON	TUE	WED	THU	FRI	SAT					
DATES												
Time In								TOTAL WEEKLY HOURS				
Time Out								REGULAR		OVERTIME		
Time In												
Time Out								Use this space to figure comp time				
Time In												
Time Out												
Time In												
Time Out								Total Compensatory Time (for Chief's use only)				
Time In												
Time Out												
Hours Worked												
Leave Time								TOTAL WEEKLY HOURS				
Sick												
Annual								S	A	H	O	OT/TO
Holiday												
Other												
Overtime/TO												
TOTAL HOURS DISTRIBUTED												

Employee Signature

Date

Supervisor Signature

Date