HENDERSON COUNTY TIME SHEET

NAME: _____ **PAYROLL END DATE:** _____

DATE	TIME IN		LUNCH TIME OUT		LUNCH/TIME IN		TIME OUT	TOTAL HOURS

	SICK		VACATION				TOTAL:	

BALANCE			
EARNED*			
USED			
BALANCE			

By signing this time sheet, I certify that the above-detailed hours are true and complete. I also certify that I have not knowingly or intentionally engaged in any activities which are prohibited during any working hours (as opposed to vacation, sick or holiday) in this pay period.

_____ _____

EMPLOYEE SIGNATURE **SUPERVISOR SIGNATURE**