

KINGMAN COUNTY
BIWEEKLY REPORT OF NON-PRODUCTIVE HOURS
 (SALARIED EXEMPT EMPLOYEES ONLY)

EMPLOYEE: _____
 DEPARTMENT: _____

PAY PERIOD: FROM: _____ TO: _____

You will receive your regular bi-weekly salary with the following leave time charges:

DAY	DATE	VACATION HOURS	SICK* HOURS	OTHER, INCLUDING COMP TIME	EXPLANATION**
				Comp Time Balance = 8:00 at start of pay period	
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
				Comp Time Remaining Balance =	

EXPLANATION CODES**

- | | | |
|----------------------|--|---|
| V - Vacation | W - Leave Without Pay (full days only) | A - Accident Leave/Work Comp** |
| S - Sick Leave * | SF - Sick Leave/Family* | FMLA - Family Medical Leave |
| M - Military Leave** | D - Suspension (full week only) | CT - Comp Time |
| F - Funeral | C - Administrative Leave/Jury Duty** | P - Extended Personal Leave (without pay) |

*Physician's note necessary for absence in excess of 3 days
 ** Additional documentation must be submitted with timesheet to Payroll or Human Resources

[] CHECK HERE IF NO LEAVE WAS USED DURING THIS PAY PERIOD

I certify that the person whose name appears on this timesheet has worked during this pay period and any appropriate leaves to be charged are indicated above.

Employee's Signature _____
 Submitting this form electronically indicates your electronic signature.

THIS FORM IS DUE TO PAYROLL NO LATER THAN THE MONDAY BEFORE PAY DAY.
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