CITY OF SARATOGA SPRINGS
TIME SHEET

Employee Name | Standard Hours/Wk for Position

Department | Week Ending

DAILY TIME RECORD

			Lunch					Hrs Wrk	Excepts	GRAND
Date	**Day**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**Total**	**Total**	**TOTAL**
	SAT									
	SUN									
	MON									
	TUE									
	WED									
	THURS									
	FRI									
								Total		0.00

Adjustment

Hours		**Reason**	

Exceptions to Normal Work Day/Standard Work Week

Date	**Day**	**Vacation**	**Personal**	**Sick**	**Holiday**	**Comp. Used**	**Add'l Hours**	**Pay As Overtime**	**Comp. Earned**	**Other**
	SAT									
	SUN									
	MON									
	TUE									
	WED									
	THURS									
	FRI									
										Totals

Employee Signature **Date**

Department Head or Delegate Signature **Date**

Time recorded shall reflect the actual start and stop time of work.