

## DELAWARE COUNTY BI-WEEKLY TIME SHEETS

<i>DEPARTMENT</i>	<i>EMERGENCY MEDICAL SERVICE</i>
<i>NAME</i>	
<i>EMPLOYEE #</i>	
<i>PAY PERIOD ENDING</i>	
<i>SHIFT</i>	

WEEK #1	IN	OUT	IN	OUT	REG HOURS	0.5 OT	1.5 OT	COMP
<i>TUESDAY</i>								
<i>WEDNESDAY</i>								
<i>THURSDAY</i>								
<i>FRIDAY</i>								
<i>SATURDAY</i>								
<i>SUNDAY</i>								
<i>MONDAY</i>								
<b>WEEK #1</b>								
<i>TUESDAY</i>								
<i>WEDNESDAY</i>								
<i>THURSDAY</i>								
<i>FRIDAY</i>								
<i>SATURDAY</i>								
<i>SUNDAY</i>								
<i>MONDAY</i>								
<b>WEEK #2</b>								
<b>TOTAL</b>								

<b>Hourly Rate:</b>
<b>0.5 OT Rate:</b>
<b>1.5 OT Rate:</b>

Explanation of overtime worked: \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

	Total	Earned	Used	Balance
Vacation				
Sick				
Personal				