PLANT SERVICES DAILY TIMECARD - OVERTIME
(including hazardous pay, work with contractors)

EMPLOYEE NAME _____________________________________________

WORK PRE-AUTHORIZATION (to be completed by supervisor):

WORK ORDER NO. ___________________ PAY CODE ______________
Note: Pay ONLY, no comp-time for work on bond pgm. or scheduled maint.

BUDGET CODE:

SALARY ACCT. ________________ OVERTIME ACCT. _________________
(if paid on green sheet or charged back)

WORK SITE (FH / DA) _____________________________________________

SCOPE OF WORK    _________________________________________________
____________________________________________________________________
____________________________________________________________________

AUTHORIZED BY __________________________________________________
(Supervisor’s Signature)  (Date)

WORK DONE (to be completed by employee – 1 date, 1 job per timecard):

DATE WORKED ____________  DAY OF WEEK __________________
DESCRIPTION (or same as above) _____________________________________
____________________________________________________________________
____________________________________________________________________

HOURS WORKED:
From ____________ to ____________ Total ____________ PAY CODE ________
From ____________ to ____________ Total ____________ PAY CODE ________

WORK DONE BY __________________________________________________
(Employee’s Signature)  (Date)

APPROVED BY ___________________________________________________
(Manager’s Signature)  (Date)

12/1/08