

TORRANCE COUNTY Timesheet

FLSA-EXEMPT EMPLOYEES

NAME _____ **Employee #** _____

DEPARTMENT _____

From _____ **To** _____

Pay Period: _____

TYPE OF LEAVE	DATE (S) TAKEN	TOTAL HOUR (S)
ANNUAL LEAVE		
SICK LEAVE		
PERSONAL DAY		
FUNERAL LEAVE		
LEAVE WITHOUT PAY		

Number of Days Commuted To/From Work in County Owned Vehicle	
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Please fill in the above table, the reason for your absence(s) for this pay period.

Employee's Signature	Date	Department Head Signature	Date
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I certify that I have worked my designated time for this pay period with no absence(s).

Employee's Signature	Date	Department Head Signature	Date
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Vehicle Fringe:	For Payroll Use ONLY:	
# of Days:	x \$3.00 per day =	