

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 ) \_\_\_\_\_

Circle One

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

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Circle One

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WORK DONE BY \_\_\_\_\_  
(Employee's Signature) (Date)

APPROVED BY \_\_\_\_\_  
(Manager's Signature) (Date)

12/1/08