

Town of Crested Butte

SIGNATURE: _____

DAY	DATE		HRS WORKED	HRS SNOW REMOVAL	ICE RINK	OTHER	HOLIDAY	SICK	VACATION	COMP USED
MON										
	In	Out								
Shift Diff										
Morning										
Afternoon										
TUE										
	In	Out								
Shift Diff										
Morning										
Afternoon										
WED										
	In	Out								
Shift Diff										
Morning										
Afternoon										
THUR										
	In	Out								
Shift Diff										
Morning										
Afternoon										
FRI										
	In	Out								
Shift Diff										
Morning										
Afternoon										
SAT										
	In	Out								
Shift Diff										
Morning										
Afternoon										
Standby										
SUN										
	In	Out								
Shift Diff										
Morning										
Afternoon										
Standby										
TOTAL										
			W	SR	PW		H	S	V	CU

Shift Diff	TOTAL	
OT Hours	TOTAL	

Comp hours _____ Comp Hrs X 1.5 _____