

Town of Crested Butte

NAME: _____
SIGNATURE: _____

PAY PERIOD ENDING: _____
AUTHORIZATION: _____

DAY	DATE		HOURS WORKED	HOLIDAY	SICK	VACATION	COMP USED	DAY	DATE		HOURS WORKED	HOLIDAY	SICK	VACATION	COMP USED
	In	Out							In	Out					
MON								MON							
TUE								TUE							
WED								WED							
THUR								THUR							
FRI								FRI							
SAT								SAT							
SUN								SUN							
TOTAL								TOTAL							
			W	H	S	V	CU				W	H	S	V	CU

Regular Hours Worked-Week _____
Overtime Hours Worked-Week _____

Regular Hours Worked-Week _____
Overtime Hours Worked-Week _____

Pay Period Total Regular Hours	
OT/Comp Worked for Pay Period	
Vacation Hours Used in Pay Period	
Sick Hours Used in Pay Period	
Comp Time Used for Pay Period	

Pay out OT Hours	
Accrue Comp Hours	

Comp Hours Accrued X 1.5	
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