CITY OF MARSHFIELD
TIMECARD

DEPARTMENT_____EMPLOYEE'S NAME_____

Indicate date and number of hours to be reported as the basis for payment of base salary or wages. Also indicate the number of hours worked at the overtime rate. Please submit to the Finance Department by 10:00 am the Monday following the payroll period.

WEEK ENDING_____

DATE							
Reg. Hours							
Ovt. Hours							
Total Hours							
CODE							

WEEK ENDING_____

DATE							
Reg. Hours							
Ovt. Hours							
Total Hours							
CODE							

I hereby certify that the information submitted above is true and correct.

To be completed by payroll dept.
Reg. Rate_____x No. of Hrs. _____= Gr. Pay _____
Ovt. Rate_____x No. of Hrs. _____= Gr. Pay _____

_____
Signature of Employee

_____
Signature of Supervisor

CODES

A= Accident on Duty
AO= Accident off Duty
BF= Birth in the Family
CB= Compensatory Time Banked
CR= Child Rearing Leave
CU= Compensatory Time Used
DF= Death in the Family
D= Discipline
E= Education or Training
EM= Employee Medical Leave
FI= Family Illness Leave

H= Holiday Pay
J= Jury Duty
S= Sick Leave
SS= Sickness Self
U= Unpaid Leave
V= Vacation Pay
X= Unexcused Absence
EO= Excused (Other)
PH= Personal Holiday
M= Military Leave
WF= Wedding in Family

When using Family and Medical Leave, please mark the time cards with the appropriate codes listed above. Examples:
1. CR/U = Child Rearing Leave which will be Unpaid Leave
2. FI/V = Family Illness Leave substituted with Vacation Pay
3. EM/S = Employee Medical Leave substituted with paid Sick Leave