CITY OF MARSHFIELD TIME CARD

DEPARTMENT_			EMPLOYEE'S N	IAME		
	rs work	nber of hours to be reported as sed at the overtime rate. Please 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 th	e information submitted above	e is true and c	orrect.	1	
To be complete	d by n	ourall dant				
To be completed by payroll dept. Reg. Ratex No. of Hrs = Gr. Pay			V	Signature of Employee		
		x No. of Hrs = Gr. Pa		. G	F - 7	
				Signature of Supervisor		
			00050			
	Δ-	Accident on Duty	CODES	H-	Holiday Pay	
	AO=	Accident off Duty		J=	Jury Duty	
	BF=	Birth in the Family		S=	Sick Leave	
	CB=	Compensatory Time Banked		SS=	Sickness Self	
	CR=	Child Rearing Leave		U=	Unpaid Leave	
	CU= DF=	Compensatory Time Used Death in the Family		V= X=	Vacation Pay Unexcused Absence	
	D=	Discipline		EO=	Excused (Other)	
	E=	Education or Training		PH=	Personal Holiday	
	EM=	Employee Medical Leave		M=	Military Leave	
	FI=	Family Illness 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