

**BULLITT COUNTY PUBLIC LIBRARY
TIME SHEET**

____/____/____ to ____/____/____

Name _____

DAY	LOCATION	IN	OUT	IN	OUT	COMP. TIME	SICK TIME	VACATION	TOTAL
Sun									
Mon									
Tues									
Wed									
Thurs									
Fri									
Sat									
Week One									

DAY	LOCATION	IN	OUT	IN	OUT	COMP. TIME	SICK TIME	VACATION	TOTAL
Sun									
Mon									
Tues									
Wed									
Thurs									
Fri									
Sat									
Week Two									

Totals				
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I certify that the information on this time sheet is accurate and that I have taken all my breaks and lunch periods as required by the Kentucky Department of Labor.

Signature _____

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