

TOWN OF WATERBORO EXEMPT EMPLOYEE TIME SHEET

Employee's Name: _____
Pay Period End Date: _____

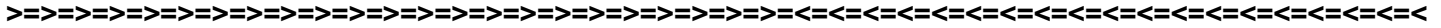
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

CODES

W – Work **ST** – Storm
S – Sick **C/S** – Conference/Seminar
H – Holiday **FL** – Funeral Leave
V – Vacation **J** – Jury Duty
C – Comp

----- Special Notes -----

Employee Signature: _____ Date: ____ / ____ / ____



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