

Imperial County Behavioral Health Services Time Sheet

EMPLOYEE NAME: _____

EMPLOYEE ID #: _____

HW = Hours Worked - Regular scheduled hours worked

OTR = Other Time Reported - All other time reported as approved, please attach all Edit Slips

Pay Period: _____
START _____ END _____

Team/Unit: _____

Status: Extra Help Permanent

Work Schedule: 5/40 9/80 - Indicate day off

Currently approved to receive Bilingual Pay

Date			Date			Date			Date			Date			Date			Weekly Total						
Friday			Saturday			Sunday			Monday			Tuesday			Wednesday				Thursday					
HW	OTR		HW	OTR		HW	OTR		HW	OTR		HW	OTR		HW	OTR			HW	OTR				
	Time	Code		Time	Code		Time	Code		Time	Code		Time	Code		Time	Code		Time	Code		Time	Code	

Date			Date			Date			Date			Date			Date			Weekly Total							
Friday			Saturday			Sunday			Monday			Tuesday			Wednesday				Thursday						
HW	OTR		HW	OTR		HW	OTR		HW	OTR		HW	OTR		HW	OTR			HW	OTR					
	Time	Code		Time	Code		Time	Code		Time	Code		Time	Code		Time	Code		Time	Code		Time	Code		

Payroll Documentation Codes			
(55) Administrative Leave	(10) Overtime Earned*	On-The-Job-Injury	
(30) Bereavement	(20) Sick Leave - Personal	MHTES - only	
(57) Birthday Holiday	(25) Sick Relative	(80) OI Comp	(10) Holiday Worked
(65) Compensatory Time Earned*	(T-97) Tardy Notice	(70) OI Sick	(40) 1st Shift - [.40]
(35) Compensatory Time Taken	(15) Vacation	(75) OI Vacation	(45) 2nd Shift - [.60]
(94) Jury Duty	(97) Leave without Pay	(OI-97) OI Without Pay	(60) Holiday Comp
(91) Holiday Pay	(3201) Extra Help Sick	Contract Physicians Only	
		(3600) BH Cont Reg	(90) 1st Shift OT-[.40]
		(3603) BH Cont PT	(95) 2nd Shift OT-[.60]

Fiscal Use Only

Total Hours Reported

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

WHITE Copy - Fiscal Service Payroll

CANARY Copy - Supervisor

PINK Copy - Employee