



# OSWEGO COUNTY OPPORTUNITIES, INC.

239 Oneida Street, Fulton, NY 13069  
 BI-WEEKLY EMPLOYEE TIMESHEET

## EXEMPT EMPLOYEE

EMPLOYEE NAME: \_\_\_\_\_

PAY PERIOD: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_

PAY DATE: \_\_\_\_\_

Note: Record time using number of days and/or half days. Half days should be recorded as .5

ACTIVITY	PROGRAM CODE	# OF DAYS WORKED
TYPE OF LEAVE	LEAVE CODE	# OF LEAVE DAYS
Vacation	995100	
Floating Holiday	996100	
Bonus Day	996100	
Program Des. Holiday	996100	
Holiday	995300	
Sick	995200	
Personal	995400	
Bereavement	995500	
Jury Duty	995600	
<b>BI-WEEKLY TOTALS:</b>	(Payroll use only)	

The agency's work week begins at 12:00 am and ends at 11:59 pm on Saturday.

I affirm that I have worked according to my defined employment status and any leave exceptions have been recorded.

EMPLOYEE: \_\_\_\_\_

DATE: \_\_\_\_\_

I certify that this record represent an accurate statement of days and activities. I authorize payroll processing and the above activities to be charged.

SUPERVISOR: \_\_\_\_\_

DATE: \_\_\_\_\_