

Select Comp or Overtime: \_\_\_\_\_

**Lucas County Commissioners**



Name: \_\_\_\_\_



Pay Period: \_\_\_\_\_



Date	Hours Worked		Hours
	From	To	
Total Hours			

Employee Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Please cut along dotted line

**Employee Copy**

**Employee Copy**

Select Comp or Overtime: \_\_\_\_\_

**Lucas County Commissioners**



Name: \_\_\_\_\_



Pay Period: \_\_\_\_\_



Date	Hours Worked		Hours
	From	To	
Total Hours			

Employee Signature: \_\_\_\_\_ **Employee**

Supervisor Signature: \_\_\_\_\_ **Copy**