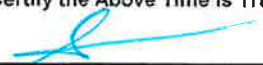


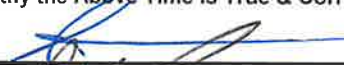



City of Florence - Time Reports									
Time Report Month Ending <u>04/20/2020 - 05/03/2020</u>					S.S No.		Start Date		
Name: <u>ARIANA ISOM</u>					Phone No.				
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked	
								Regular	OverTime
1st Week Work Date	4/20/2020	4/21/2020	4/22/2020	4/23/2020	4/24/2020	4/25/2020	4/26/2020		
Reg. Hours				10	10	10		30	
COVID Leave			10					10	
2nd Week Work Date	4/27/2020	4/28/2020	4/29/2020	4/30/2020	5/1/2020	5/2/2020	5/3/2020		
Reg. Hours				10	10	10		30	
COVID Leave			10					10	
I Certify the Above Time is True & Correct					Total Pay 1st		0		0
x 					Total Pay 2nd		#REF!		#REF!
					Regular Monthly Salary		\$		
					Overtime Salary		\$		
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary		\$		

*NDO Normal Day Off

60 Reg
 20 covid

 80

Time Report Month Ending <u>05/04/2020 - 05/17/2020</u>					S.S No.		Start Date		
Name: <u>ARIANA ISON</u>					Phone No.				
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked	
								Regular	OverTime
1st Week Work Date	5/4/2020	5/5/2020	5/6/2020	5/7/2020	5/8/2020	5/9/2020	5/10/2020		
Reg. Hours						10		10	
COVID LEAVE			10	10	10			30	
2nd Week Work Date	5/11/2020	5/12/2020	5/13/2020	5/14/2020	5/15/2020	5/16/2020	5/17/2020		
Reg. Hours						10		10	
COVID LEAVE			10	10	10			30	
I Certify the Above Time is True & Correct x 					Total Pay 1st			80	0
					Total Pay 2nd			#REF!	#REF!
					Regular Monthly Salary			\$	
					Overtime Salary			\$	
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary			\$	

*NDO Normal Day Off

20 Reg
60 covid


80



City of Florence - Time Report		S.S No. [REDACTED]	Start Date: 5/14/2019
Time Report	Apr. 20 2020	Phone No. [REDACTED]	Home [REDACTED]
Period Ending	May 3 2020		
Name: Aaron Jackson		Hourly Employee	

1st Week	Mon	Tue	Wed	Thru	Fri	Sat	Sun	Total	Overtime	Not
Work Date	20	21	22	23	24	25	26	Worked	Worked	Worked
Worked			10	10	10	10		40		
Overtime										
Holiday W										
Holiday NW										
Comp										
Funeral										
Sick										
Vacation										
COVID 19										
Total			10	10	10	10		40		

2nd Week	Mon	Tue	Wed	Thru	Fri	Sat	Sun	Total	Overtime	Not
Work Date	27	28	29	30	1	2	3	Worked	Worked	Worked
Worked										
Overtime										
Holiday W										
Holiday NW										
Comp										
Funeral										
Sick										
Vacation										
COVID 19			10	10	10	10				40
Total										40


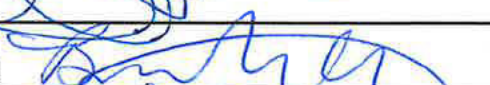

I Certify the Above Times True and Correct

x 

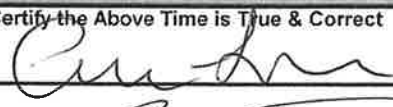

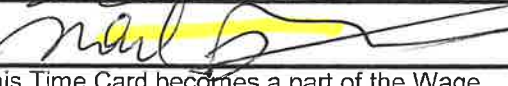
1st Approved 	Regular Monthly Salary	\$
2nd Approved 	Overtime Salary	\$
This Time card becomes a part of the Wage Record Required by Federal Law		Total Monthly Salary \$

*Normal Day Off (NDO)

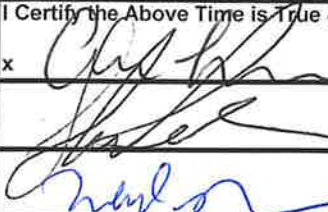

Comments: _____

City of Florence - Time Report				S.S No.	[REDACTED]		Start Date:	5/14/2019		
Time Report		May 4 2020		Phone No.		[REDACTED]		Home [REDACTED]		
Period Ending		May 17 2020		Name: Aaron Jackson						
Hourly Employee										
1st Week	Mon	Tue	Wed	Thru	Fri	Sat	Sun	Total	Overtime	Not
Work Date	4	5	6	7	8	9	10	Worked	Worked	Worked
Worked			10	10	10	10		40		
Overtime										
Holiday W										
Holiday NW										
Comp										
Funeral										
Sick										
Vacation										
COVID 19										
Total								40		
2nd Week	Mon	Tue	Wed	Thru	Fri	Sat	Sun	Total	Overtime	Not
Work Date	11	12	13	14	15	16	17	Worked	Worked	Worked
Worked										
Overtime										
Holiday W										
Holiday NW										
Comp										
Funeral										
Sick										
Vacation										
COVID 19			10	10	10	10				40
Total										40
I Certify the Above Times True and Correct										
x 										
1st Approved 				Regular Monthly Salary				\$		
2nd Approved 				Overtime Salary				\$		
This Time card becomes a part of the Wage Record Required by Federal Law				Total Monthly Salary				\$		
*Normal Day Off (NDO)										
Comments: _____										

40 Reg
40 covid

City of Florence - Time Reports								
Time Report					S.S No.		Start Date	
Month Ending					Phone No.			
Name: <u>Aubrey Lucero</u>								
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked
								Regular OverTime
1st Week Work Date	4/20/2020	4/21/2020	4/22/2020	4/23/2020	4/24/2020	4/25/2020	4/26/2020	
Reg. Hours	5		5		8			18
COVID Leave			4					4
2nd Week Work Date	4/27/2020	4/28/2020	4/29/2020	4/30/2020	5/1/2020	5/2/2020	5/3/2020	
Reg. Hours								21
COVID Leave	5		8		8			
I Certify the Above Time is True & Correct					Total Pay 1st		0 0	
x 					Total Pay 2nd		#REF! #REF!	
					Regular Monthly Salary		\$	
					Overtime Salary		\$	
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary		\$	

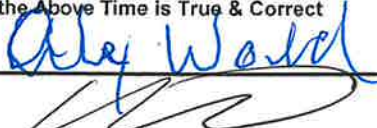

*NDO Normal Day Off

Time Report Month Ending					S.S No.		Start Date	
Name: Aubrey Lucero								
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked Regular OverTime
1st Week Work Date	5/4/2020	5/5/2020	5/6/2020	5/7/2020	5/8/2020	5/9/2020	5/10/2020	
Reg. Hours								
COVID LEAVE	5		8		8			21
2nd Week Work Date	5/11/2020	5/12/2020	5/13/2020	5/14/2020	5/15/2020	5/16/2020	5/17/2020	
Reg. Hours	8	8	8	8	8			40
COVID LEAVE								
I Certify the Above Time is True & Correct x 					Total Pay 1st		0	0
					Total Pay 2nd		#REF!	#REF!
					Regular Monthly Salary		\$	
					Overtime Salary		\$	
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary		\$	

*NDO Normal Day Off

Reg : 40
 COVID: 21

 total 61

City of Florence - Time Reports									
Time Report					S.S No.		Start Date		
Month Ending 5.3.2020					Phone No.		4-20-2020		
Name: Alex Wold									
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked	
								Regular	OverTime
1st Week Work Date	4/20/2020	4/21/2020	4/22/2020	4/23/2020	4/24/2020	4/25/2020	4/26/2020		
Reg.Hours		8	8					16	
COVID Leave				8				8	
2nd Week Work Date	4/27/2020	4/28/2020	4/29/2020	4/30/2020	5/1/2020	5/2/2020	5/3/2020		
Reg.Hours		8	8	8				16	
COVID Leave								8	
I Certify the Above Time is True & Correct					Total Pay 1st		0		0
x Alex Wold					Total Pay 2nd		#REF!		#REF!
					Regular Monthly Salary		\$		
					Overtime Salary		\$		
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary		\$		

*NDO Normal Day Off

32 Reg
16 covid

48

Time Report Month Ending					S.S No.		Start Date	
Name: <u>Alex Wold</u>					Phone No.			
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked Regular OverTime
1st Week Work Date	5/4/2020	5/5/2020	5/6/2020	5/7/2020	5/8/2020	5/9/2020	5/10/2020	
Reg Hours		8	8					16
COVID LEAVE				8				8
2nd Week Work Date	5/11/2020	5/12/2020	5/13/2020	5/14/2020	5/15/2020	5/16/2020	5/17/2020	24
Reg. Hours		8	8					16
COVID LEAVE				8				8
I Certify the Above Time is True & Correct					Total Pay 1st		0 48 0	
x <u>Alex Wold</u>					Total Pay 2nd		#REF! #REF!	
<u>[Signature]</u>					Regular Monthly Salary		\$	
<u>[Signature]</u>					Overtime Salary		\$	
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary		\$	

*NDO Normal Day Off

32 reg
16 covid

48

City of Florence - Time Reports									
Time Report Month Ending <u>04/30/2020 - 05/03/2020</u>					S.S No.		Start Date		
Name: <u>Byron Cline</u>					Phone No.				
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked	
								Regular	OverTime
1st Week Work Date	4/20/2020	4/21/2020	4/22/2020	4/23/2020	4/24/2020	4/25/2020	4/26/2020		
Reg. Hours		10					10	20	
COVID Leave	10		10					20	
2nd Week Work Date	4/27/2020	4/28/2020	4/29/2020	4/30/2020	5/1/2020	5/2/2020	5/3/2020		
Reg. Hours		10					10	20	
COVID Leave	10		10					20	
I Certify the Above Time is True & Correct					Total Pay 1st			40	0
x <u>[Signature]</u>					Total Pay 2nd			#REF!	#REF!
<u>[Signature]</u>					Regular Monthly Salary			\$	
<u>[Signature]</u>					Overtime Salary			\$	
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary			\$	

*NDO Normal Day Off

40 reg
40 covid

80

Time Report Month Ending <u>5/17/20</u>					S.S No. Phone No.					Start Date <u>5/4/20</u>	
Name: <u>Byron Cline</u>											
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked			
								Regular	OverTime		
1st Week Work Date	5/4/2020	5/5/2020	5/6/2020	5/7/2020	5/8/2020	5/9/2020	5/10/2020				
Reg. Hours			10				10	20			
COVID LEAVE	10	10						20			
2nd Week Work Date	5/11/2020	5/12/2020	5/13/2020	5/14/2020	5/15/2020	5/16/2020	5/17/2020				
Reg. Hours			10				10	20			
COVID LEAVE	10	10						20			
I Certify the Above Time is True & Correct					Total Pay 1st		0		0		
x <u>[Signature]</u>					Total Pay 2nd		#REF!		#REF!		
<u>[Signature]</u>					Regular Monthly Salary		\$				
<u>[Signature]</u>					Overtime Salary		\$				
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary		\$				

*NDO Normal Day Off

40 Reg
40 covid

80

City of Florence - Time Report				S.S No.	[REDACTED]			Start Date:	2/26/2020		
Time Report		Apr. 6 2020		Phone No.		[REDACTED]					
Period Ending		Apr. 19 2020									
Name: Baylee Cobler				Hourly Employee							

1st Week Work Date	Mon 6	Tue 7	Wed 8	Thru 9	Fri 10	Sat 11	Sun 12	Total Worked	Overtime Worked	Not Worked
Worked										
Overtime										
Holiday W										
Holiday NW										
Comp										
Funeral										
Sick										
Vacation										
COVID 19					8	8	9			25
Total										

2nd Week Work Date	Mon 13	Tue 14	Wed 15	Thru 16	Fri 17	Sat 18	Sun 19	Total Worked	Overtime Worked	Not Worked
Worked										
Overtime										
Holiday W										
Holiday NW										
Comp										
Funeral										
Sick										
Vacation										
COVID 19					8	8	9			25
Total										

I Certify the Above Times True and Correct				
x	[REDACTED]			
1st Approved	[REDACTED]	Regular Monthly Salary		\$
2nd Approved	[REDACTED]	Overtime Salary		\$
This Time card becomes a part of the Wage Record Required by Federal Law		Total Monthly Salary		\$

*Normal Day Off (NDO)

Comments: _____

Time off sheet

Salaried Employee Leave Time Report

Leave time Summary Report for Salaried Employees:

Brandon Harris

Start Date: 5-7-2010

For the pay period ending:

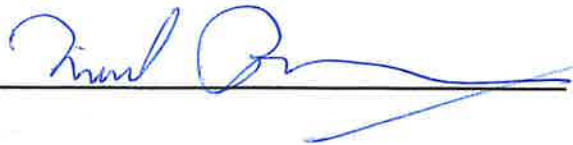
5/17/2020

	Sick	Vacation	Holiday	COVID 19	Other
5/4/2020					
5/5/2020					
5/6/2020					
5/7/2020					
5/8/2020					
5/11/2020				8	
5/12/2020				8	
5/13/2020				8	
5/14/2020				8	
5/15/2020				8	
Total Hours Used				40	

Employee Signature



Supervisor Signature



Note: The employee Leave request form with approval signature should accompany this form

Salaried Employee Leave Time Report

Leave time Summary Report for Salaried Employees:

Brandon Harris

Start Date: 5-7-2010

For the pay period ending: 5/3/2020

	Sick	Vacation	Holiday	COVID 19	Other
4/20/2020					
4/21/2020					
4/22/2020					
4/23/2020					
4/24/2020					
4/27/2020				8	
4/28/2020				8	
4/29/2020				8	
4/30/2020				8	
5/1/2020				8	
Total Hours Used				40	

Employee Signature



Supervisor Signature



Note: The employee Leave request form with approval signature should accompany this form

Salaried Employee Leave Time Report

Leave time Summary Report for Salaried Employees:

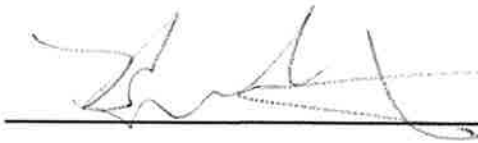
Brandon Harris

Start Date: 5-7-2010

For the pay period ending: **4/5/2020**

	Sick	Vacation	Holiday	Other
3/23/2020				
3/24/2020				
3/25/2020				
3/26/2020				
3/27/2020				
3/30/2020				
3/31/2020	6			
4/1/2020				
4/2/2020	8			
4/3/2020	8			
Total Hours Used	24			

Employee Signature



Supervisor Signature




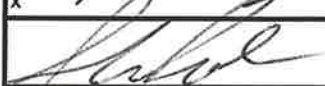

Note: The employee Leave request form with approval signature should accompany this form

City of Florence - Time Reports									
Time Report <i>4/20/20 - 5/04/20</i>				S.S No. [REDACTED]		Start Date			
Month Ending				Phone No.					
Name: <i>BRIAN HERRERA</i>									
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked	
								Regular	OverTime
1st Week Work Date	4/20/2020	4/21/2020	4/22/2020	4/23/2020	4/24/2020	4/25/2020	4/26/2020		
Reg. Hours	<i>10</i>						<i>10</i>	<i>20</i>	
COVID Leave		<i>10</i>	<i>10</i>					<i>20</i>	
2nd Week Work Date	4/27/2020	4/28/2020	4/29/2020	4/30/2020	5/1/2020	5/2/2020	5/3/2020		
Reg. Hours	<i>10</i>	<i>10</i>					<i>10</i>	<i>30</i>	
COVID Leave			<i>10</i>					<i>10</i>	
I Certify the Above Time is True & Correct				Total Pay 1st				<i>0</i>	<i>0</i>
<i>[Signature]</i>				Total Pay 2nd				#REF!	#REF!
<i>[Signature]</i>				Regular Monthly Salary				\$	
<i>[Signature]</i>				Overtime Salary				\$	
This Time Card becomes a part of the Wage Record Required by Federal Law				Total Monthly Salary				\$	

*NDO Normal Day Off

50 Reg
30 covid

80

Time Report Month Ending May					S.S No. Phone No.		Start Date 5-4-20		
Name: Brian Herrera									
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked Regular OverTime	
1st Week Work Date	5/4/2020	5/5/2020	5/6/2020	5/7/2020	5/8/2020	5/9/2020	5/10/2020		
Reg. Hours	10						10	20	
COVID LEAVE		10	10					20	
2nd Week Work Date	5/11/2020	5/12/2020	5/13/2020	5/14/2020	5/15/2020	5/16/2020	5/17/2020		
Reg. Hours	10	10						20	
COVID LEAVE			10				10	20	
I Certify the Above Time is True & Correct					Total Pay 1st		0 0		
x 					Total Pay 2nd		#REF! #REF!		
					Regular Monthly Salary		\$		
					Overtime Salary		\$		
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary		\$		

*NDO Normal Day Off

40 Reg
40 covid

City of Florence - Time Reports									
Time Report					S.S No.		Start Date		
Month Ending					Phone No.				
Name: <i>Brett HASS</i>									
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked	
								Regular	OverTime
1st Week Work Date	4/20/2020	4/21/2020	4/22/2020	4/23/2020	4/24/2020	4/25/2020	4/26/2020		
Reg. Hours	8	8	8	8	8			40	
COVID Leave									
2nd Week Work Date	4/27/2020	4/28/2020	4/29/2020	4/30/2020	5/1/2020	5/2/2020	5/3/2020		
Reg. Hours									
COVID Leave	8	8	8	8	8			40	
I Certify the Above Time is True & Correct					Total Pay 1st		0		0
x <i>Brett HASS</i>					Total Pay 2nd		#REF!		#REF!
<i>Scout EST 5.</i>					Regular Monthly Salary		\$		
<i>[Signature]</i>					Overtime Salary		\$		
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary		\$		




*NDO Normal Day Off

Time Report					S.S No.		Start Date	
Month Ending					Phone No.			
Name: <i>Brett Hess</i>								
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked
								Regular OverTime
1st Week Work Date	5/4/2020	5/5/2020	5/6/2020	5/7/2020	5/8/2020	5/9/2020	5/10/2020	
Reg. Hours								
COVID LEAVE	<i>8</i>	<i>8</i>	<i>8</i>	<i>8</i>	<i>8</i>			<i>40</i>
2nd Week Work Date	5/11/2020	5/12/2020	5/13/2020	5/14/2020	5/16/2020	5/17/2020	5/18/2020	
Reg. Hours	<i>8</i>	<i>6</i>	<i>8</i>	<i>8</i>	<i>8</i>			<i>40</i>
COVID LEAVE								
I Certify the Above Time is True & Correct					Total Pay 1st		0	0
x <i>Brett Hess</i>					Total Pay 2nd		#REF!	#REF!
<i>Saul P. Ester S.</i>					Regular Monthly Salary		\$	
<i>[Signature]</i>					Overtime Salary		\$	
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary		\$	

*NDO Normal Day Off

40 reg
40 covid

80

City of Florence - Time Reports									
Time Report Month Ending 4-20-20-5-3-20				S.S No.		Start Date			
Name: Bill Vinelli				Phone No.					
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked	
								Regular	OverTime
1st Week Work Date	4/20/2020	4/21/2020	4/22/2020	4/23/2020	4/24/2020	4/25/2020	4/26/2020		
Reg. Hours	8	8	8					24	
COVID Leave				8	8			16	
2nd Week Work Date	4/27/2020	4/28/2020	4/29/2020	4/30/2020	5/1/2020	5/2/2020	5/3/2020		
Reg. Hours	8	8	8					24	
COVID Leave				8	8			16	
I Certify the Above Time is True & Correct				Total Pay 1st				0	0
x 				Total Pay 2nd				#REF!	#REF!
				Regular Monthly Salary				\$	
				Overtime Salary				\$	
This Time Card becomes a part of the Wage Record Required by Federal Law				Total Monthly Salary				\$	

*NDO Normal Day Off

48 Reg
 32 covid

 80

Salaried Employee Leave Time Report

Leave time Summary Report for Salaried Employees:

Bill Vinelli

For the pay period ending:

5/17/2020

		Sick	Vacation	Holiday	COVID
Monday	5/4/2020				
	5/5/2020				
	5/6/2020				
	5/7/2020				8
Friday	5/8/2020				8
Saturday	5/9/2020				
	5/10/2020				
Monday	5/11/2020				
	5/12/2020				
	5/13/2020				
	5/14/2020				8
Saturday	5/15/2020				8
	5/16/2020				
	5/17/2020				


Employee Signature



Supervisor Signature






City Manager Signature



Note: The employee Leave request form with approval signature should accompany this form

48 rea
 32 covid

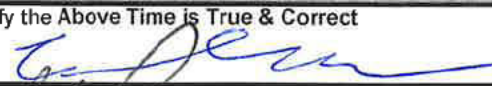


 80

City of Florence - Time Reports									
Time Report Month Ending 4/20/20 - 5-3-20				S.S No. [REDACTED]		Start Date			
Name: <u>Camean Gonzales</u>				Phone No.					
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked	
								Regular	OverTime
1st Week Work Date	4/20/2020	4/21/2020	4/22/2020	4/23/2020	4/24/2020	4/25/2020	4/26/2020		
Reg. Hours	10	10					10	30	
COVID Leave			10					10	
2nd Week Work Date	4/27/2020	4/28/2020	4/29/2020	4/30/2020	5/1/2020	5/2/2020	5/3/2020		
Reg. Hours	10	10					10	30	
COVID Leave			10					10	
I Certify the Above Time is True & Correct				Total Pay 1st		0		0	
x 				Total Pay 2nd		#REF!		#REF!	
				Regular Monthly Salary		\$			
				Overtime Salary		\$			
This Time Card becomes a part of the Wage Record Required by Federal Law				Total Monthly Salary		\$			

*NDO Normal Day Off

60 Reg
20 covid

80

Time Report Month Ending May					S.S No. [REDACTED]	Start Date 5-4-20			
Name: Cameron Gonzales									
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked	
								Regular	OverTime
1st Week Work Date	5/4/2020	5/5/2020	5/6/2020	5/7/2020	5/8/2020	5/9/2020	5/10/2020		
Reg. Hours	10	10					10	30	
COVID LEAVE			10					10	
2nd Week Work Date	5/11/2020	5/12/2020	5/13/2020	5/14/2020	5/15/2020	5/16/2020	5/17/2020		
Reg. Hours	10	10					10	30	
COVID LEAVE			10					10	
I Certify the Above Time is True & Correct					Total Pay 1st		0		0
x 					Total Pay 2nd		#REF!		#REF!
					Regular Monthly Salary		\$		
					Overtime Salary		\$		
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary		\$		

*NDO Normal Day Off

60 Reg
20 covid

80

City of Florence - Time Report S.S No. [REDACTED] Start Date: 2/18/2020

Time Report Apr. 20 2020
 Period Ending May 3 2020

Phone No. [REDACTED]

Name: Dan Kelso

Hourly Employee

1st Week	Mon	Tue	Wed	Thru	Fri	Sat	Sun	Total	Overtime	Not
Work Date	20	21	22	23	24	25	26	Worked	Worked	Worked
Worked										
Overtime										
Holiday W										
Holiday NW										
Comp										
Funeral										
Sick										
Vacation										
COVID 19			10	10	10	10				40
Total										40

2nd Week	Mon	Tue	Wed	Thru	Fri	Sat	Sun	Total	Overtime	Not
Work Date	27	28	29	30	1	2	3	Worked	Worked	Worked
Worked				10	10	10	10	40		
Overtime										
Holiday W										
Holiday NW										
Comp										
Funeral										
Sick										
Vacation										
COVID 19										
Total								40		

I Certify the Above Times True and Correct
 x

1st Approved	Regular Monthly Salary	\$
2nd Approved	Overtime Salary	\$
This Time card becomes a part of the Wage Record Required by Federal Law	Total Monthly Salary	\$

*Normal Day Off (NDO)
 Comments: _____

City of Florence - Time Report S.S No. XXX-XX-2218 Start Date: 2/18/2020

Time Report May 4 2020
 Period Ending May 17 2020 Phone No. [REDACTED]

Name: Dan Kelso Hourly Employee

1st Week	Mon	Tue	Wed	Thru	Fri	Sat	Sun	Total Worked	Overtime Worked	Not Worked
Work Date	4	5	6	7	8	9	10			
Worked										
Overtime										
Holiday W										
Holiday NW										
Comp										
Funeral										
Sick										
Vacation										
COVID 19			10	10	10	10				40
Total										40

2nd Week	Mon	Tue	Wed	Thru	Fri	Sat	Sun	Total Worked	Overtime Worked	Not Worked
Work Date	11	12	13	14	15	16	17			
Worked			10	10	10	10				
Overtime										
Holiday W										
Holiday NW										
Comp										
Funeral										
Sick										
Vacation										
COVID 19										
Total								40		

I Certify the Above Times True and Correct

x 

1st Approved  Regular Monthly Salary \$

2nd Approved  Overtime Salary \$

This Time card becomes a part of the Wage Record Required by Federal Law Total Monthly Salary \$

*Normal Day Off (NDO)

Comments: _____

City of Florence - Time Report S.S. No. [REDACTED] Start Date: 10/9/2018

Time Report Apr. 20 2020
 Period Ending May 3 2020

Phone No. [REDACTED]

Name: **Darren Norberg**

Hourly Employee

1st Week	Mon	Tue	Wed	Thru	Fri	Sat	Sun	Total	Overtime	Not
Work Date	20	21	22	23	24	25	26	Worked	Worked	Worked
Worked							10	10		
Overtime										
Holiday W										
Holiday NW										
Comp										
Funeral										
Sick										
Vacation										
COVID 19	10	10	10							30
Total	10	10	10				10	10		30

2nd Week	Mon	Tue	Wed	Thru	Fri	Sat	Sun	Total	Overtime	Not
Work Date	27	28	29	30	1	2	3	Worked	Worked	Worked
Worked	10	10	10					30		
Overtime										
Holiday W										
Holiday NW										
Comp										
Funeral										
Sick										
Vacation										
COVID 19							10			10
Total	10	10	10				10	30		10

I Certify the Above Times True and Correct

x *[Signature]*

1st Approved	Regular Monthly Salary	\$
2nd Approved	Overtime Salary	\$
This Time card becomes a part of the Wage Record Required by Federal Law		Total Monthly Salary \$

*Normal Day Off (NDO)

Comments: _____

City of Florence - Time Report		S.S. No. [REDACTED]	Start Date: 10/9/2018
Time Report	Apr. 6 2020	Phone No. [REDACTED]	Work [REDACTED] Home/Mobile
Period Ending	Apr. 19 2020		

Name: Darren Norberg		Hourly Employee								
1st Week	Mon	Tue	Wed	Thru	Fri	Sat	Sun	Total	Overtime	Not
Work Date	6	7	8	9	10	11	12	Worked	Worked	Worked
Worked	10	10	10				10	40		
Overtime										
Holiday W										
Holiday NW										
Comp										
Funeral										
Sick										
Vacation										
COVID 19										
Total	10	10	10				10	40		

2nd Week	Mon	Tue	Wed	Thru	Fri	Sat	Sun	Total	Overtime	Not
Work Date	13	14	15	16	17	18	19	Worked	Worked	Worked
Worked	10	10	10					30		
Overtime										
Holiday W										
Holiday NW										
Comp										
Funeral										
Sick										
Vacation										
COVID 19							10			10
Total	10	10	10				10	30		10

I Certify the Above Times True and Correct

x *[Signature]*

1st Approved	Regular Monthly Salary	\$
2nd Approved	Overtime Salary	\$
This Time card becomes a part of the Wage Record Required by Federal Law		Total Monthly Salary

*Normal Day Off (NDO)

Comments: _____

City of Florence - Time Report S.S. No. [REDACTED] Start Date: 10/9/2018

Time Report May 4 2020
 Period Ending May 17 2020 Phone No. [REDACTED]

Name: **Darren Norberg** Hourly Employee

1st Week	Mon	Tue	Wed	Thru	Fri	Sat	Sun	Total	Overtime	Not
Work Date	4	5	6	7	8	9	10	Worked	Worked	Worked
Worked							10	10		
Overtime										
Holiday W										
Holiday NW										
Comp										
Funeral										
Sick										
Vacation										
COVID 19	10	10	10							30
Total	10	10	10				10	10		30

2nd Week	Mon	Tue	Wed	Thru	Fri	Sat	Sun	Total	Overtime	Not
Work Date	11	12	13	14	15	16	17	Worked	Worked	Worked
Worked	10	10	10				10	40		
Overtime										
Holiday W										
Holiday NW										
Comp										
Funeral										
Sick										
Vacation										
COVID 19										
Total	10	10	10				10	40		

I Certify the Above Times True and Correct
 x *Darren Norberg*
 1st Approved *[Signature]* Regular Monthly Salary \$
 2nd Approved *[Signature]* Overtime Salary \$
 This Time card becomes a part of the Wage Record Required by Federal Law Total Monthly Salary \$

*Normal Day Off (NDO)

Comments: _____

City of Florence - Time Reports

Time Report
 Month Ending S.S No. Start Date
 Name: Oliver Smith Phone No.

Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked	
								Regular	OverTime
1st Week Work Date	4/20/2020	4/21/2020	4/22/2020	4/23/2020	4/24/2020	4/25/2020	4/26/2020		
Reg. Hours									
COVID Leave	8	8	8	8	8			40	
2nd Week Work Date	4/27/2020	4/28/2020	4/29/2020	4/30/2020	5/1/2020	5/2/2020	5/3/2020		
Reg. Hours									
COVID Leave	8	8	8	8	8			40	

I Certify the Above Time is True & Correct x <u>[Signature]</u> <u>David S. Est. 3.</u> <u>[Signature]</u>	Total Pay 1st		40	0
	Total Pay 2nd		#REF!	#REF!
	Regular Monthly Salary		\$	
	Overtime Salary		\$	
This Time Card becomes a part of the Wage Record Required by Federal Law	Total Monthly Salary		\$	

*NDO Normal Day Off

City of Florence - Time Reports									
Time Report					S.S No.		Start Date		
Month Ending					Phone No.				
Name: <u>ERIC BUAS</u>									
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked	
								Regular OverTime	
1st Week Work Date	4/20/2020	4/21/2020	4/22/2020	4/23/2020	4/24/2020	4/25/2020	4/26/2020		
Reg. Hours	8	8	8	8	8			40	
COVID Leave									
2nd Week Work Date	4/27/2020	4/28/2020	4/29/2020	4/30/2020	5/1/2020	5/2/2020	5/3/2020		
Reg. Hours	8	8	8	8	8			40	
COVID Leave									
I Certify the Above Time is True & Correct					Total Pay 1st		40	0	0
x <u>[Signature]</u> Soul & HT 3.					Total Pay 2nd		40	#REF!	#REF!
					Regular Monthly Salary			\$	
<u>[Signature]</u>					Overtime Salary			\$	
					Total Monthly Salary			\$	
This Time Card becomes a part of the Wage Record Required by Federal Law									

*NDO Normal Day Off

COVID

Time Report
 Period Ending **Mar 23 thru Apr 5** S.S.No.:

Name: **ERIC EVANS**

	MON	TUES	WED	THUR	FRI	SAT	SUN	Total Hours Worked		
	MON	TUES	WED	THUR	FRI	SAT	SUN	Worked	Overtime	Holiday/Other
1st Week	MAR	MAR	MAR	MAR	MAR	MAR	MAR			
Work Date	23	24	25	26	27	28	29			
Street Dept.	5							5		
Refuse										
Cemetery										
Parks										
Water										
PD										
Holiday										
Vacation										
Sick	3	8	8	8	8			32		35
Overtime										
Total Hours								5		35
2nd Week	MON	TUES	WED	THUR	FRI	SAT	SUN	Regular		Holiday/Other
Work Date	MAR	MAR	APR	APR	APR	APR	APR			
Street Dept.		8	8	8	8			32		
Refuse										
Cemetery										
Parks										
Water										
PD										
Holiday										
Vacation										
Sick	8									8
Overtime										
Total Hours		8	8	8	8					32

I Certify the Above Time is True & Correct

x *[Signature]*

1st. Approved *[Signature]*

2nd. Approved

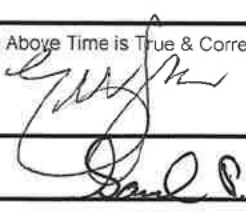

This Time Card becomes a part of the Wage Record Required by Federal Law

Total Pay Period	80						
Regular Monthly Salary			\$				
Over Time Salary			\$				
Total Monthly Salary		<table border="1"> <tr> <th colspan="2">Total Hours Worked</th> </tr> <tr> <td>Regular</td> <td>Over Time</td> </tr> </table>	Total Hours Worked		Regular	Over Time	\$
Total Hours Worked							
Regular	Over Time						

Time Report Month Ending					S.S No. [REDACTED]	Start Date			
Name: ERIC LONN.					Phone No. [REDACTED]				
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked	
								Regular	OverTime
1st Week Work Date	5/4/2020	5/5/2020	5/6/2020	5/7/2020	5/8/2020	5/9/2020	5/10/2020		
Reg. Hours									
COVID LEAVE	8	8	8	8	8			40	
2nd Week Work Date	5/11/2020	5/12/2020	5/13/2020	5/14/2020	5/16/2020	5/17/2020	5/18/2020		
Reg. Hours	8	8	8	8	8			40	
COVID LEAVE									
I Certify the Above Time is True & Correct					Total Pay 1st		0	0	
x <i>[Signature]</i>					Total Pay 2nd		#REF!	#REF!	
<i>Saul R Est. S.</i>					Regular Monthly Salary		\$		
<i>[Signature]</i>					Overtime Salary		\$		
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary		\$		

*NDO Normal Day Off

COVID

Time Report		S.S. No. [REDACTED]														
Period Ending		Mar 23 thru Apr 5														
Name:		ERIC LONN														
	MON	TUES	WED	THUR	FRI	SAT	SUN	Total Hours Worked								
1st Week	MAR	MAR	MAR	MAR	MAR	MAR	MAR	Regular	Overtime	Holiday/Other						
Work Date	23	24	25	26	27	28	29									
Street Dept.																
Refuse	8							8								
Cemetery																
Parks																
Water																
Holiday																
Vacation																
Sick	8	8	8	8	8											
Overtime																
Total Hours	8	8	8	8	8			8								
	MON	TUES	WED	THUR	FRI	SAT	SUN									
2nd Week	MAR	MAR	APR	APR	APR	APR	APR	Worked	Overtime	Holiday/Other						
Work Date	30	31	1	2	3	4	5									
Street Dept.																
Refuse		8	8	8	8			32								
Cemetery																
Parks																
Water																
Holiday																
Vacation																
Sick	8															
Overtime																
Total Hours	8	8	8	8	8			32								
I Certify the Above Time is True & Correct																
X 																
1st. Approved  EST. S.		Total Pay Period														
2nd. Approved		Regular Monthly Salary						\$								
		Over Time Salary						\$								
This Time Card becomes a part of the Wage Record Required by Federal Law		Total Monthly Salary						<table border="1"> <tr> <td colspan="2">Total Hours Worked</td> </tr> <tr> <td>Regular</td> <td>Over Time</td> </tr> <tr> <td></td> <td></td> </tr> </table>			Total Hours Worked		Regular	Over Time		
Total Hours Worked																
Regular	Over Time															

Time Report Month Ending					S.S No.		Start Date		
Name: <i>FRANK ORTON</i>					Phone No.				
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked	
								Regular	OverTime
1st Week Work Date	<i>3-23</i>	<i>3-24</i>	<i>3-25</i>	<i>3-26</i>	<i>3-27</i>	<i>3-28</i>	<i>3-29</i>		
Reg. Hours									
COVID LEAVE	8	<i>8</i>	<i>8</i>	<i>8</i>	<i>8</i>			<i>35</i>	
2nd Week Work Date	<i>3-30</i>	<i>3-31</i>	<i>4-1</i>	<i>4-2</i>	<i>4-3</i>	<i>4-4</i>	<i>4-5</i>		
Reg. Hours									
COVID LEAVE	<i>8</i>	<i>8</i>	<i>8</i>	<i>8</i>	<i>8</i>			<i>40</i>	
I Certify the Above Time is True & Correct					Total Pay 1st		0		0
x <i>Frank Orton</i>					Total Pay 2nd				
<i>Paul L. EST. I.</i>					Regular Monthly Salary				\$
					Overtime Salary				\$
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary				\$

*NDO Normal Day Off

COVID

Time Report		Mar 23 thru Apr 5					S.S.No.:			
Period Ending		Mar 23 thru Apr 5								
Name:		FRANK ORTON								
	MON	TUES	WED	THUR	FRI	SAT	SUN	Total Hours Worked		
1st Week	MON	TUES	WED	THUR	FRI	SAT	SUN	Worked	Overtime	Holiday/Other
Work Date	23	24	25	26	27	28	29			
Street Dept.	8							8		
Refuse										
Cemetery										
Parks										
Water										
Holiday										
Vacation										
Sick		8	8	8	8					32
Overtime										
Total Hours	8							8		32
	MON	TUES	WED	THUR	FRI	SAT	SUN	Total Hours Worked		
2nd Week	MON	TUES	WED	THUR	FRI	SAT	SUN	Worked	Overtime	Holiday/Other
Work Date	30	31	1	2	3	4	5			
Street Dept.										
Refuse										
Cemetery										
Parks										
Water										
Holiday										
Vacation										
Sick	8	8	8	8	8					40
Overtime										
Total Hours										40
I Certify the Above Time is True & Correct								8		72
x <i>Frank Orton</i>								Total Pay Period		
1st. Approved <i>San. P. Est. S.</i>								Regular Monthly Salary		\$
2nd. Approved								Over Time Salary		\$
This Time Card becomes a part of the Wage Record Required by Federal Law								Total Monthly Salary		\$
								Total Hours Worked		
								Regular		
								Over Time		

City of Florence - Time Reports								S.S No.		Start Date	
Time Report								Phone No.			
Month Ending											
Name: <u>Jason Angle</u>											
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked			
								Regular	OverTime		
1st Week	4/20/2020	4/21/2020	4/22/2020	4/23/2020	4/24/2020	4/25/2020	4/26/2020				
Work Date											
Reg. Hours								40			
COVID Leave	8	8	8	8	8						
2nd Week	4/27/2020	4/28/2020	4/29/2020	4/30/2020	5/1/2020	5/2/2020	5/3/2020				
Work Date											
Reg. Hours								20			
COVID Leave	8	8	8	8	8						
I Certify the Above Time is True & Correct								Total Pay 1st		0	0
x <u>[Redacted]</u>								Total Pay 2nd		#REF!	#REF!
<u>[Redacted]</u>								Regular Monthly Salary		\$	
<u>[Redacted]</u>								Overtime Salary		\$	
This Time Card becomes a part of the Wage Record Required by Federal Law								Total Monthly Salary		\$	

*NDO Normal Day Off

Time Report Month Ending					S.S No.		Start Date		
Name: <i>Janelle Dodd</i>					Phone No.				
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked	
								Regular	OverTime
1st Week Work Date	5/4/2020	5/5/2020	5/6/2020	5/7/2020	5/8/2020	5/9/2020	5/10/2020		
Reg. Hours	9.5		8	8	8.5	0	0	40	32
COVID LEAVE		8						8	8
2nd Week Work Date	5/11/2020	5/12/2020	5/13/2020	5/14/2020	5/15/2020	5/16/2020	5/17/2020		
Reg. Hours	8	8		8 sick	8			24	32
COVID LEAVE			8					8	
I Certify the Above Time is True & Correct					Total Pay 1st		0		0
x <i>[Signature]</i>					Total Pay 2nd		#REF!		#REF!
<i>[Signature]</i>					Regular Monthly Salary		\$		
<i>[Signature]</i>					Overtime Salary		\$		
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary		\$		




*NDO Normal Day Off

- *Monday, May 5, 2020: Helped broadcast City Council meeting to Facebook, 1.5 hrs accrued
- *Friday, May 8, 2020: Took a long lunch to flex time accrued on Monday, May 5.
- *Wednesday, May 13, 2020: COVID Leave (8 hrs)
- *Thursday, May 14, 2020: Called off - please use sick time (8 hrs)

16 covid
 8 sick
 56 Reg

 80

COVID
need
sick sheet

City of Florence - Time Reports									
Time Report					S.S No.		Start Date		
Month Ending					Phone No.				
Name: Janelle									
Hourly Rate	6-Apr	7-Apr	8-Apr	9-Apr	10-Apr	11-Apr	12-Apr	Total Hours Worked	
	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Regular	OverTime
1st Week Work Date									
Hours Worked	8	8	8	8	8	0	0	40	
Hours Not Worked									
2nd Week Work Date	13-Apr	14-Apr	15-Apr	16-Apr	17-Apr	18-Apr	19-Apr		
Hours Worked	8	8	0	10.5	9.5	0	0	36	
Hours Not Worked			8						
I Certify the Above Time is True & Correct					Total Pay 1st				
x 					Total Pay 2nd				
					Regular Monthly Salary		\$		
					Overtime Salary		\$		
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary		\$		

*NDO Normal Day Off

* Sick 4/15/2020, will make up some hours during Planning Commission, 4/16

* Stayed for Planning Commission meeting until 7:30 (made up 2.5 hours from 4/15/2020)

* Stayed until 6:30 on 4/17/2020 to make up ^{1.5} hours missed on 4/15/2020. (Licensing, filing)


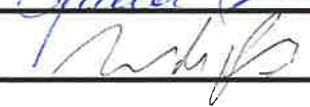
- Please use 4 hours of sick time for Wednesday, April 15. I made up the rest of the missed hours later in the week (4 hours)

City of Florence - Time Reports									
Time Report					S.S No.		Start Date		
Month Ending					Phone No.				
Name: <i>Janelle Dodd</i>									
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked	
								Regular	OverTime
1st Week Work Date	4/20/2020	4/21/2020	4/22/2020	4/23/2020	4/24/2020	4/25/2020	4/26/2020		
Reg. Hours	10.5		8	5.5	8	Ø	Ø	32	Ø
COVID Leave		8						8	
2nd Week Work Date	4/27/2020	4/28/2020	4/29/2020	4/30/2020	5/1/2020	5/2/2020	5/3/2020		
Reg. Hours	8	8	8	8		Ø	Ø	32	Ø
COVID Leave					8			8	
I Certify the Above Time is True & Correct					Total Pay 1st		0		0
x <i>Janelle Dodd</i>					Total Pay 2nd		#REF!		#REF!
<i>[Signature]</i>					Regular Monthly Salary		\$		
<i>[Signature]</i>					Overtime Salary		\$		
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary		\$		

*NDO Normal Day Off

* Mon, April 20, 2020: Stayed to facilitate Zoom broadcast of City Council meeting
 * Thur, April 23, 2020: Left early to flex out time from Monday, April 20.

COVID

City of Florence - Time Reports														
Time Report					S.S No.			Start Date						
Month Ending					Phone No.									
Name: Janelle														
Hourly Rate	23-Mar	24-Mar	25-Mar	26-Mar	27-Mar	28-Mar	29-Mar	Total Hours Worked						
	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Regular	OverTime					
1st Week Work Date														
Hours Worked	8	6	8	9	9	0	0	40						
Hours Not Worked		2												
2nd Week Work Date	30-Mar	31-Mar	1-Apr	2-Apr	3-Apr	4-Apr	5-Apr							
Hours Worked	8	8	8	8	8	0	0	40						
Hours Not Worked														
I Certify the Above Time is True & Correct					Total Pay 1st									
<input checked="" type="checkbox"/>  					Total Pay 2nd									
					Regular Monthly Salary					\$				
					Overtime Salary					\$				
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary					\$				

*NDO Normal Day Off

Worked from home 3/24/20 - 3/27/20.
 (Tuesday) (Friday)

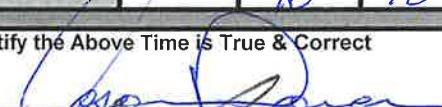


* Worked less hours on Tuesday, 3/24 due to feeling sick, but made them up on Thursday, 3/26 & Friday, 3/27.

City of Florence - Time Reports									
Time Report				S.S. No. [REDACTED]				Start Date	
Month Ending				Phone No.					
Name: <i>Jason Dorman</i>									
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked	
								Regular	OverTime
1st Week	4/20/2020	4/21/2020	4/22/2020	4/23/2020	4/24/2020	4/25/2020	4/26/2020		
Work Date									
Reg. Hours				10	10			20	
COVID Leave		10	10					20	
2nd Week	4/27/2020	4/28/2020	4/29/2020	4/30/2020	5/1/2020	5/2/2020	5/3/2020		
Work Date									
Reg. Hours				10	10			20	
COVID Leave		10	10					20	
I Certify the Above Time is True & Correct				Total Pay 1st				80	0
x <i>[Signature]</i>				Total Pay 2nd				#REF!	#REF!
<i>[Signature]</i>				Regular Monthly Salary				\$	
<i>[Signature]</i>				Overtime Salary				\$	
This Time Card becomes a part of the Wage Record Required by Federal Law				Total Monthly Salary				\$	

*NDO Normal Day Off

40 reg
40 covid

80

Time Report Month Ending					S.S No. Phone No.		Start Date		
Name: <u>Jason Dorman</u>									
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked	
								Regular	OverTime
1st Week Work Date	5/4/2020	5/5/2020	5/6/2020	5/7/2020	5/8/2020	5/9/2020	5/10/2020		
Reg. Hours				10	10			20	20 40
COVID LEAVE		10	10					20	20 40
2nd Week Work Date	5/11/2020	5/12/2020	5/13/2020	5/14/2020	5/15/2020	5/16/2020	5/17/2020		
Reg. Hours				10	10			20	
COVID LEAVE		10	10					20	
I Certify the Above Time is True & Correct					Total Pay 1st			\$0	0
x 					Total Pay 2nd			#REF!	#REF!
					Regular Monthly Salary			\$	
					Overtime Salary			\$	
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary			\$	

*NDO Normal Day Off

40 Reg
40 covid

80

Time Report Month Ending					S.S No.		Start Date		
Name: <u>Jesse Fisk</u>					Phone No.				
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked Regular	OverTime
1st Week Work Date	5/4/2020	5/5/2020	5/6/2020	5/7/2020	5/8/2020	5/9/2020	5/10/2020		
Reg. Hours									
COVID LEAVE	8	4	8	4	8		8	20	
2nd Week Work Date	5/11/2020	5/12/2020	5/13/2020	5/14/2020	5/16/2020	5/17/2020	5/18/2020		
Reg. Hours	8	8	8	8	8			20	
COVID LEAVE									
I Certify the Above Time is True & Correct					Total Pay 1st		0 0		
x <u>Jesse Fisk</u>					Total Pay 2nd		#REF! #REF!		
<u>Sand P 9st. 5.</u>					Regular Monthly Salary		\$		
<u>Hand</u>					Overtime Salary		\$		
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary		\$		

*NDO Normal Day Off

Time Report
 Period Ending **Mar 23 thru Apr 5** S.S.No.:

Name: **JESSE FISK**

	MON	TUES	WED	THUR	FRI	SAT	SUN	Total Hours Worked		
	MON	TUES	WED	THUR	FRI	SAT	SUN	Regular	Overtime	Holiday/Other
1st Week	MAR	MAR	MAR	MAR	MAR	MAR	MAR			
Work Date	23	24	25	26	27	28	29			
Street Dept.	5							5		
Refuse										
Cemetery										
Parks										
Water										
Holiday										
Vacation										
Sick	3	8	8	8	8					
Overtime										
Total Hours	5							5		
2nd Week	MON	TUES	WED	THUR	FRI	SAT	SUN	Worked	Overtime	Holiday/Other
Work Date	MAR	MAR	APR	APR	APR	APR	APR			
Street Dept.		8	8	8	8					
Refuse										
Cemetery										
Parks										
Water										
Holiday										
Vacation										
Sick	8									
Overtime										
Total Hours		8	8	8	8			32		

I Certify the Above Time is True & Correct

x *Jesse Fisk*

1st. Approved *Samuel Est. J.*

2nd. Approved

This Time Card becomes a part of the Wage Record Required by Federal Law

Total Pay Period
 Regular Monthly Salary
 Over Time Salary
 Total Monthly Salary

COVID

Salaried Employee Leave Time Report

Leave time Summary Report for Salaried Employees:

Jessica

For the pay period ending:

5/17/2020

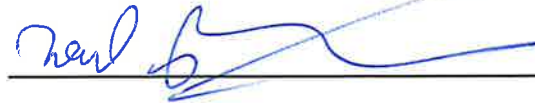
		Sick	Vacation	Holiday	COVID
Monday	5/4/2020				
	5/5/2020				
	5/6/2020				
	5/7/2020				
Friday	5/8/2020				8
Saturday	5/9/2020				
	5/10/2020				
Monday	5/11/2020				
	5/12/2020				
	5/13/2020				
	5/14/2020				
Saturday	5/15/2020				
	5/16/2020				
Sunday	5/17/2020				

Employee Signature



Supervisor Signature

City Manager Signature



Note: The employee Leave request form with approval signature should accompany this form

Salaried Employee Leave Time Report

Leave time Summary Report for Salaried Employees:

Jessica

For the pay period ending:

5/3/2020

		Sick	Vacation	Holiday	COVID
Monday	4/20/2020				
	4/21/2020				
	4/22/2020				
Friday	4/23/2020				8
	4/24/2020				8
Saturday	4/25/2020				
	4/26/2020				
Monday	4/27/2020				
	4/28/2020				
	4/29/2020				
	4/30/2020				
	5/1/2020				
Saturday	5/2/2020				
Sunday	5/3/2020				

Employee Signature



Supervisor Signature

City Manager Signature



Note: The employee Leave request form with approval signature should accompany this form

Salaried Employee Leave Time Report

Leave time Summary Report for Salaried Employees:

Jessica

For the pay period ending:

4/5/2020

		Sick	Vacation	Holiday	Other <i>FED sick days</i>
Monday	3/23/2020				
	3/24/2020		<i>8</i>		
	3/25/2020				
	3/26/2020				<i>8</i>
Friday	3/27/2020				<i>8</i>
Saturday	3/28/2020				
	3/29/2020				
Monday	3/30/2020				<i>8</i>
	3/31/2020				<i>8</i>
	4/1/2020				
	4/2/2020				
	4/3/2020				
Saturday	4/4/2020				
Sunday	4/5/2020				

Employee Signature

Jessica _____

Supervisor Signature


City Manager Signature

Note: The employee Leave request form with approval signature should accompany this form

COVID

COVID

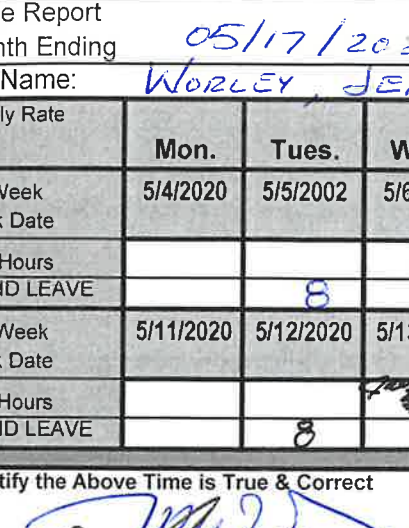


Time Report		S.S.No.:														
Period Ending		Mar 23 thru Apr 5														
Name: JOE MARTINEZ																
	MON	TUES	WED	THUR	FRI	SAT	SUN	Total Hours Worked								
1st Week	MAR	MAR	MAR	MAR	MAR	MAR	MAR	Worked	Overtime	Holiday/Other						
Work Date	23	24	25	26	27	28	29									
Street Dept.																
Refuse																
Cemetery																
Parks																
Water																
Holiday																
Vacation																
Sick	8	8	8	8	8											
Overtime																
Total Hours																
	MON	TUES	WED	THUR	FRI	SAT	SUN	Total Hours Worked								
2nd Week	MAR	MAR	APR	APR	APR	APR	APR	Worked	Overtime	Holiday/Other						
Work Date	30	31	1	2	3	4	5									
Street Dept.																
Refuse																
Cemetery																
Parks																
Water																
Holiday																
Vacation																
Sick	8	8	8	8	8											
Overtime																
Total Hours																
I Certify the Above Time is True & Correct																
<input checked="" type="checkbox"/> Joe Martinez 1st. Approved <i>David R. [Signature]</i>								Total Pay Period								
2nd. Approved								Regular Monthly Salary		\$						
This Time Card becomes a part of the Wage Record Required by Federal Law								Over Time Salary		\$						
								Total Monthly Salary	<table border="1"> <tr> <td>Total Hours Worked</td> <td></td> </tr> <tr> <td>Regular</td> <td></td> </tr> <tr> <td>Over Time</td> <td></td> </tr> </table>	Total Hours Worked		Regular		Over Time		\$
Total Hours Worked																
Regular																
Over Time																

City of Florence - Time Reports									
Time Report				S.S No. [REDACTED]				4/20/20	
Month Ending				Phone No.					
Name: WORLEY, JEFFREY									
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked	
								Regular	OverTime
1st Week Work Date	4/20/2020	4/21/2020	4/22/2020	4/23/2020	4/24/2020	4/25/2020	4/26/2020		
Reg. Hours			9	9					18
COVID Leave		8						8	
2nd Week Work Date	4/27/2020	4/28/2020	4/29/2020	4/30/2020	5/1/2020	5/2/2020	5/3/2020		
Reg. Hours			8.5	9			1		18.5
COVID Leave		8						8	
I Certify the Above Time is True & Correct					Total Pay 1st			0	0
x  52					Total Pay 2nd			#REF!	#REF!
					Regular Monthly Salary			\$	
					Overtime Salary			\$	
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary			\$	

*NDO Normal Day Off

36.5 Reg
 16 covid

 52.5

Time Report Month Ending <u>05/17/2020</u>					S.S No.		Start Date	
Name: <u>WORLEY, JEFFREY</u>					Phone No.			
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked Regular OverTime
1st Week Work Date	5/4/2020	5/5/2020	5/6/2020	5/7/2020	5/8/2020	5/9/2020	5/10/2020	
Reg Hours			8	9				17
COVID LEAVE		8						8
2nd Week Work Date	5/11/2020	5/12/2020	5/13/2020	5/14/2020	5/15/2020	5/16/2020	5/17/2020	
Reg Hours			11	8.5				19.5
COVID LEAVE		8						8
I Certify the Above Time is True & Correct					Total Pay 1st		0 0	
x  52					Total Pay 2nd		#REF! #REF!	
					Regular Monthly Salary		\$	
					Overtime Salary		\$	
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary		\$	

*NDO Normal Day Off

36.5 Reg
 16 covid

 52.5

Salaried Employee Leave Time Report

Leave time Summary Report for Salaried Employees:

Kevin Wertsbaugh

Start Date: 12-1-2015

For the pay period ending:

5/17/2020

	Sick	Vacation	Holiday	COVID 19	Other
5/4/2020					
5/5/2020				10	
5/6/2020				10	
5/7/2020				10	
5/8/2020				10	
5/11/2020					
5/12/2020					
5/13/2020					
5/14/2020					
5/15/2020					
Total Hours Used				40	

Employee Signature



Supervisor Signature



Note: The employee Leave request form with approval signature should accompany this form

Salaried Employee Leave Time Report

Leave time Summary Report for Salaried Employees:

Kevin Wertsbaugh

Start Date: 12-1-2015

For the pay period ending: 5/3/2020

	Sick	Vacation	Holiday	COVID 19	Other
4/20/2020					
4/21/2020				10	
4/22/2020				10	
4/23/2020				10	
4/24/2020				10	
4/27/2020					
4/28/2020					
4/29/2020					
4/30/2020					
5/1/2020					
Total Hours Used				40	

Employee Signature _____

Supervisor Signature _____

Note: The employee Leave request form with approval signature should accompany this form

Salaried Employee Leave Time Report

Leave time Summary Report for Salaried Employees:

Lori Cobler

For the pay period ending:

5/17/2020

		Sick	Vacation	Holiday	COVID
Monday	5/4/2020				
	5/5/2020				
	5/6/2020				
Friday	5/7/2020				08
	5/8/2020				
Saturday	5/9/2020				
	5/10/2020				
Monday	5/11/2020				
	5/12/2020				
	5/13/2020				
	5/14/2020				
Saturday	5/15/2020				
	5/16/2020				
	5/17/2020				

Employee Signature



City Manager Signature



Note: The employee Leave request form with approval signature should accompany this form

Salaried Employee Leave Time Report

Leave time Summary Report for Salaried Employees:

Lori Cobler

For the pay period ending:

5/3/2020

		Sick	Vacation	Holiday	COVID
Monday	4/20/2020				
	4/21/2020				
	4/22/2020				
	4/23/2020				
Friday	4/24/2020				S
Saturday	4/25/2020				
	4/26/2020				
Monday	4/27/2020				
	4/28/2020				
	4/29/2020				
	4/30/2020				
Saturday	5/1/2020				
	5/2/2020				
	5/3/2020				

Employee Signature



City Manager Signature



Note: The employee Leave request form with approval signature should accompany this form

Salaried Employee Leave Time Report

Leave time Summary Report for Salaried Employees:

Lori Cobler

For the pay period ending:

4/20/2020

		Sick	Vacation	Holiday	COVID
Monday	4/6/2020				
	4/7/2020				
	4/8/2020				
	4/9/2020				4
Friday	4/10/2020				8
Saturday	4/11/2020				
	4/12/2020				
Monday	4/13/2020				
	4/14/2020				
	4/15/2020				
	4/16/2020				
	4/17/2020				
Saturday	4/18/2020				
	4/19/2020				

Employee Signature

Lori Cobler

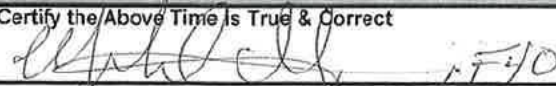


City Manager Signature

Maria

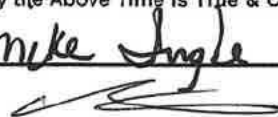

Note: The employee Leave request form with approval signature should accompany this form

City of Florence - Time Reports									
Time Report					S.S No. [REDACTED]		Start Date		
Month Ending					Phone No.				
Name: <i>Michael Gordon</i>									
Hourly Rate	23-Mar	24-Mar	25-Mar	26-Mar	27-Mar	28-Mar	29-Mar	Total Hours Worked	
	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Regular	OverTime
1st Week Work Date									
Hours Worked						10		10	
Hours Not Worked			10	10	10			30	
2nd Week Work Date	30-Mar	31-Mar	1-Apr	2-Apr	3-Apr	4-Apr	5-Apr	7	
Hours Worked			10	10	10	10		40	
Hours Not Worked									
I Certify the Above Time is True & Correct					Total Pay 1st		80		
x <i>[Signature]</i> 1F40					Total Pay 2nd				
					Regular Monthly Salary		\$		
					Overtime Salary		\$		
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary		\$		

*NDO Normal Day Off

City of Florence - Time Reports									
Time Report					S.S No. [REDACTED]		Start Date		
Month Ending 5/03/20					Phone No.				
Name: Michael Gordon									
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked	
								Regular	OverTime
1st Week Work Date	4/20/2020	4/21/2020	4/22/2020	4/23/2020	4/24/2020	4/25/2020	4/26/2020		
Reg. Hours			10			10		20	
COVID Leave				10	10			20	
2nd Week Work Date	4/27/2020	4/28/2020	4/29/2020	4/30/2020	5/1/2020	5/2/2020	5/3/2020		
Reg. Hours			10			10		20	
COVID Leave				10	10			20	
I Certify the Above Time is True & Correct					Total Pay 1st			0	0
x  F40					Total Pay 2nd			#REF!	#REF!
					Regular Monthly Salary			\$	
					Overtime Salary			\$	
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary			\$	

*NDO Normal Day Off

City of Florence - Time Reports								S.S No. [REDACTED] Start Date 5-1991	
Time Report								Phone No [REDACTED]	
Month Ending								Name: Mike Ingle	
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked	
								Regular	OverTime
1st Week	4/20/2020	4/21/2020	4/22/2020	4/23/2020	4/24/2020	4/25/2020	4/26/2020		
Work Date									
Reg. Hours									
COVID Leave			-10				-10		
2nd Week	4/27/2020	4/28/2020	4/29/2020	4/30/2020	5/1/2020	5/2/2020	5/3/2020		
Work Date									
Reg. Hours									
COVID Leave			-4				-10		
I Certify the Above Time is True & Correct								Total Pay 1st	0 0
x Mike Ingle IF10								Total Pay 2nd	#REF! #REF!
								Regular Monthly Salary	\$
								Overtime Salary	\$
This Time Card becomes a part of the Wage Record Required by Federal Law								Total Monthly Salary	\$

*NDO Normal Day Off

Salaried Employee Leave Time Report

Leave time Summary Report for Salaried Employees:

Mike Ingle

For the pay period ending:

4/20/2020

		Sick	Vacation	Holiday	COVID
Monday	4/6/2020				
	4/7/2020				
	4/8/2020				-10
	4/9/2020				
Friday	4/10/2020				
Saturday	4/11/2020				
	4/12/2020				
Monday	4/13/2020				
	4/14/2020				
	4/15/2020				-10
	4/16/2020				
	4/17/2020				
Saturday	4/18/2020				
	4/19/2020				
					-20

Employee Signature

Mike Ingle

Supervisor Signature

[Signature]

City Manager Signature

[Signature]

Note: The employee Leave request form with approval signature should accompany this form

Regular 60
 COVID 20

 80 total

Time Report Month Ending					S.S No.		Start Date	
Name: <i>Marco Martinez</i>					Phone No.			
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked Regular OverTime
1st Week Work Date	5/4/2020	5/5/2020	5/6/2020	5/7/2020	5/8/2020	5/9/2020	5/10/2020	
Reg. Hours	8	8	8	8	8			40
COVID LEAVE								
2nd Week Work Date	5/11/2020	5/12/2020	5/13/2020	5/14/2020	5/16/2020	5/17/2020	5/18/2020	
Reg Hours	8	8	8	8	8			40
COVID LEAVE								
I Certify the Above Time is True & Correct					Total Pay 1st		80	0
x <i>Marco Martinez</i>					Total Pay 2nd		#REF!	#REF!
<i>Saul P. GTS</i>					Regular Monthly Salary		\$	
<i>[Signature]</i>					Overtime Salary		\$	
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary		\$	

*NDO Normal Day Off

COVID

Time Report		Mar 23 thru Apr 5						S.S.No.:					
Period Ending		MAR 23 thru APR 5						Name: MARCA MARTINEZ					
	MON	TUES	WED	THUR	FRI	SAT	SUN	Total Hours Worked					
1st Week	MAR	MAR	MAR	MAR	MAR	MAR	MAR	Worked	Overtime	Holiday/Other			
Work Date	23	24	25	26	27	28	29						
Street Dept.	5							5					
Refuse													
Cemetery													
Parks													
Water													
Holiday													
Vacation													
Sick	3	8	8	8	8					35			
Overtime													
Total Hours								5		35			
	MON	TUES	WED	THUR	FRI	SAT	SUN	Total Hours Worked					
2nd Week	MAR	MAR	APR	APR	APR	APR	APR	Worked	Overtime	Holiday/Other			
Work Date	30	31	1	2	3	4	5						
Street Dept.		8	8	8	8			32					
Refuse													
Cemetery													
Parks													
Water													
Holiday													
Vacation													
Sick	8									8			
Overtime													
Total Hours		8	8	8	8			32		8			
I Certify the Above Time is True & Correct													
x <i>Marca Martinez</i>													
1st. Approved <i>Saul H. S.</i>		Total Pay Period		37		43							
		Regular Monthly Salary						\$					
2nd. Approved		Over Time Salary						\$					
This Time Card becomes a part of the Wage Record Required by Federal Law		Total Monthly Salary		<table border="1"> <tr> <td colspan="2">Total Hours Worked</td> </tr> <tr> <td>Regular</td> <td>Over Time</td> </tr> </table>		Total Hours Worked		Regular	Over Time			\$	
Total Hours Worked													
Regular	Over Time												

Salaried Employee Leave Time Report

Leave time Summary Report for Salaried Employees:

Mike Patterson

For the pay period ending:

4/20/2020

		Sick	Vacation	Holiday	COVID
Monday	4/6/2020				
	4/7/2020				
	4/8/2020				
	4/9/2020				
Friday	4/10/2020				
Saturday	4/11/2020				
	4/12/2020				
Monday	4/13/2020				8.
	4/14/2020				8.
	4/15/2020				8
	4/16/2020				8
	4/17/2020				8
Saturday	4/18/2020				
	4/19/2020				

Employee Signature

Mike Patterson

Supervisor Signature

City Manager Signature

Mike Patterson

Note: The employee Leave request form with approval signature should accompany this form

Salaried Employee Leave Time Report

Leave time Summary Report for Salaried Employees:

Nancy Barth

For the pay period ending:

5/17/2020

		Sick	Vacation	Holiday	COVID
Monday	5/4/2020				
	5/5/2020				
	5/6/2020				
	5/7/2020				
Friday	5/8/2020				
Saturday	5/9/2020				
	5/10/2020				
Monday	5/11/2020				8
	5/12/2020				8
	5/13/2020				8
	5/14/2020				8
	5/15/2020				8
Saturday	5/16/2020				
	5/17/2020				
					40

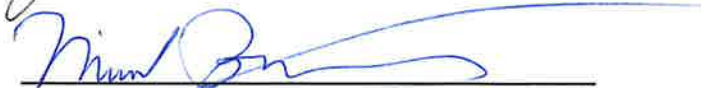
Employee Signature



Supervisor Signature




City Manager Signature



Note: The employee Leave request form with approval signature should accompany this form

40 req
40 covid

Time Report 4-20-20/5-3-20					S.S No.			Start Date	
Month Ending					Phone No.				
Name: Nancy Barth									
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked	
								Regular	OverTime
1st Week Work Date	4-20-20	4-21-20	4-22-20	4-23-20	4-24-20	4-25-20	4-26-20		
Reg. Hours	8					-	-	8	
COVID LEAVE		8	8	8	8			32	
2nd Week Work Date	4-27-20	4-28-20	4-29-20	4-30-20	5-1-20	5-2-20	5-3-20		
Reg. Hours	8	8	8	8	8	-	-	40	
COVID LEAVE									
I Certify the Above Time is True & Correct x Nancy Barth					Total Pay 1st			0	0
					Total Pay 2nd			#REF!	#REF!
					Regular Monthly Salary			\$	
					Overtime Salary			\$	
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary			\$	

*NDO Normal Day Off

48 Reg
32 Covid

80

Salaried Employee Leave Time Report

Leave time Summary Report for Salaried Employees:

Nancy Barth

For the pay period ending:

4/20/2020

		Sick	Vacation	Holiday	COVID
Monday	4/6/2020				
	4/7/2020				
	4/8/2020				
	4/9/2020				
Friday	4/10/2020				
Saturday	4/11/2020				
	4/12/2020				
Monday	4/13/2020				
	4/14/2020				
	4/15/2020				
	4/16/2020				
Saturday	4/17/2020				8
	4/18/2020				
	4/19/2020				

Employee Signature

Nancy Barth

Supervisor Signature

[Signature]

City Manager Signature

[Signature]

Note: The employee Leave request form with approval signature should accompany this form

City of Florence - Time Reports									
Time Report					S.S No.				
Month Ending					Phone No.				
Name: <i>Nicole</i>					Start Date				
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked	
								Regular	OverTime
1st Week Work Date	4/20/2020	4/21/2020	4/22/2020	4/23/2020	4/24/2020	4/25/2020	4/26/2020		
Reg. Hours		8	8					16	
COVID Leave	8			8	8			24	
2nd Week Work Date	4/27/2020	4/28/2020	4/29/2020	4/30/2020	5/1/2020	5/2/2020	5/3/2020		
Reg. Hours	8	8		8	8			32	
COVID Leave			8					8	
I Certify the Above Time is True & Correct x <i>[Signature]</i>					Total Pay 1st			0	0
					Total Pay 2nd			#REF!	#REF!
<i>[Signature]</i>					Regular Monthly Salary			\$	
					Overtime Salary			\$	
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary			\$	



*NDO Normal Day Off

32 covid
48 reg

City of Florence - Time Reports

Time Report	S.S No.	Start Date
Month Ending	Phone No.	
Name: <u>Nicole</u>		

Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked	
								Regular	OverTime
1st Week Work Date	4/6/2020	4/7/2020	4/8/2020	4/9/2020	4/10/2020	4/11/2020	4/12/2020		
Reg. Hours	8	8	8	8	8			40	
COVID Leave				8					
2nd Week Work Date	4/13/2020	4/14/2020	4/15/2020	4/16/2020	4/17/2020	4/18/2020	4/19/2020		
Reg. Hours	8	8	8	8	8			40	
COVID Leave									

I Certify the Above Time is True & Correct x 	Total Pay 1st	0	0
	Total Pay 2nd	#REF!	#REF!
	Regular Monthly Salary	\$	
	Overtime Salary	\$	
This Time Card becomes a part of the Wage Record Required by Federal Law	Total Monthly Salary	\$	

*NDO Normal Day Off

Time Report Month Ending					S.S No.		Start Date		
Name: <i>Nicole</i>					Phone No.				
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked	
								Regular	OverTime
1st Week Work Date	5/4/2020	5/5/2020	5/6/2020	5/7/2020	5/8/2020	5/9/2020	5/10/2020		
Reg. Hours	8	8	8					24	
COVID LEAVE				8	8			16	
2nd Week Work Date	5/11/2020	5/12/2020	5/13/2020	5/14/2020	5/16/2020	5/17/2020	5/18/2020		
Reg. Hours			8	8	8			24	
COVID LEAVE	8	8						16	
I Certify the Above Time is True & Correct					Total Pay 1st		0		0
x <i>Coble</i>					Total Pay 2nd		#REF!		#REF!
<i>Apr. Coble</i>					Regular Monthly Salary		\$		
<i>Nicole</i>					Overtime Salary		\$		
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary		\$		

*NDO Normal Day Off



48 reg
32 covid

80

City of Florence - Time Reports

Time Report					S.S No.				Start Date	
Month Ending					Phone No.					
Name: <u>Richard Brown</u>										
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked		
								Regular	OverTime	
1st Week Work Date	4/20/2020	4/21/2020	4/22/2020	4/23/2020	4/24/2020	4/25/2020	4/26/2020			
Reg. Hours	8	8	8	8	8			40		
COVID Leave										
2nd Week Work Date	4/27/2020	4/28/2020	4/29/2020	4/30/2020	5/1/2020	5/2/2020	5/3/2020			
Reg. Hours										
COVID Leave	8	8	8	8	8			40		
I Certify the Above Time is True & Correct					Total Pay 1st		0		0	
x <u>Richard Brown</u>					Total Pay 2nd		#REF!		#REF!	
<u>Saul S EST 3.</u>					Regular Monthly Salary		\$			
<u>Paul B</u>					Overtime Salary		\$			
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary		\$			

*NDO Normal Day Off

Time Report Month Ending					S.S N [REDACTED]	Start Date 5/4/20			
Name: Richard Thomas					Phone No.				
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked	
								Regular	OverTime
1st Week Work Date	5/4/2020	5/5/2020	5/6/2020	5/7/2020	5/8/2020	5/9/2020	5/10/2020		
Reg. Hours	6			6				12	
COVID LEAVE	2		4	2				8	
2nd Week Work Date	5/11/2020	5/12/2020	5/13/2020	5/14/2020	5/15/2020	5/16/2020	5/17/2020		
Reg. Hours	7.5		6	8				21.5	
COVID LEAVE									
I Certify the Above Time is True & Correct					Total Pay 1st		0		0
x 					Total Pay 2nd		#REF!		#REF!
					Regular Monthly Salary		\$		
					Overtime Salary		\$		
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary		\$		

*NDO Normal Day Off

33.5
8 covid

41.5

Time Report Month Ending <u>5/3</u>					S.S No. [REDACTED]		Start Date <u>4/20/20</u>		
Name:					Phone No.				
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked	
								Regular	OverTime
1st Week Work Date	<u>4/20</u>	<u>4/21</u>	<u>4/22</u>	<u>4/23</u>	<u>4/24</u>	<u>4/25</u>	<u>4/26</u>		
Reg. Hours	<u>6</u>		<u>5</u>	<u>6</u>	<u>6</u>			<u>23</u>	
COVID LEAVE									
2nd Week Work Date	<u>4/27</u>	<u>4/28</u>	<u>4/29</u>	<u>4/30</u>	<u>5/1</u>	<u>5/2</u>	<u>5/3</u>		
Reg. Hours	<u>6</u>		<u>5</u>	<u>5</u>				<u>16</u>	
COVID LEAVE			<u>2</u>	<u>2</u>				<u>4</u>	
I Certify the Above Time is True & Correct x <u>[Signature]</u>					Total Pay 1st			<u>0</u>	<u>0</u>
					Total Pay 2nd				
<u>[Signature]</u>					Regular Monthly Salary			\$	
					Overtime Salary			\$	
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary			\$	


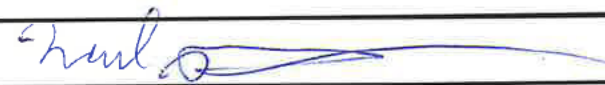
= 43

*NDO Normal Day Off

8 hrs covid from wk ending 4/5. [Signature] 8

39 reg
4 covid

Total = 51

Time Report							S.S N. [REDACTED]		Start Date 4/6/20	
Month Ending April							Phone No.			
Name: Richard W. Thomas										
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked		
								Regular	OverTime	
1st Week	4/6	4/7	4/8	4/9	4/10	4/11	4/12			
Work Date										
Reg. Hours		4		5	5			14		
COVID LEAVE		3		3				6		
2nd Week	4/13	4/14	4/15	4/16	4/17	4/18	4/19			
Work Date										
Reg. Hours	5	5	5	5				20		
COVID LEAVE										
I Certify the Above Time is True & Correct							Total Pay 1st		0	0
x 							Total Pay 2nd			
							Regular Monthly Salary		\$	
							Overtime Salary		\$	
This Time Card becomes a part of the Wage Record Required by Federal Law							Total Monthly Salary		\$	

*NDO Normal Day Off

Time Report								S.S No. [REDACTED]		
Month Ending <u>April</u>								Start Date <u>4/6/20</u>		
Name: <u>Richard W. Thomas</u>								Phone No.		
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked		
								Regular	OverTime	
1st Week	<u>4/6</u>	<u>4/7</u>	<u>4/8</u>	<u>4/9</u>	<u>4/10</u>	<u>4/11</u>	<u>4/12</u>			
Work Date										
Reg. Hours		<u>4</u>		<u>5</u>	<u>5</u>			<u>14</u>		
COVID LEAVE		<u>3</u>		<u>3</u>				<u>6</u>		
2nd Week	<u>4/13</u>	<u>4/14</u>	<u>4/15</u>	<u>4/16</u>	<u>4/17</u>	<u>4/18</u>	<u>4/19</u>			
Work Date										
Reg. Hours	<u>5</u>	<u>5</u>	<u>5</u>	<u>5</u>				<u>20</u>		
COVID LEAVE										
I Certify the Above Time is True & Correct								Total Pay 1st		
x <u>[Signature]</u>								Total Pay 2nd		
								Regular Monthly Salary		\$
<u>[Signature]</u>								Overtime Salary		\$
								Total Monthly Salary		\$
This Time Card becomes a part of the Wage Record Required by Federal Law										

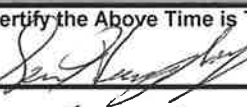

*NDO Normal Day Off

Time Report Month Ending					S.S No.	Start Date			
Name:					Phone No.				
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked	
								Regular	OverTime
1st Week Work Date	5/4/2020	5/5/2020	5/6/2020	5/7/2020	5/8/2020	5/9/2020	5/10/2020		
Reg. Hours	8	8	5	5	5			31	
COVID LEAVE			3	3	3			9	
2nd Week Work Date	5/11/2020	5/12/2020	5/13/2020	5/14/2020	5/16/2020	5/17/2020	5/18/2020		
Reg. Hours	6	5	5	8	5			28	
COVID LEAVE	3	3	3		3			12	
I Certify the Above Time is True & Correct					Total Pay 1st		0		0
x <i>Salvatore</i>					Total Pay 2nd		#REF!		#REF!
					Regular Monthly Salary		\$		
<i>[Signature]</i>					Overtime Salary		\$		
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary		\$		

*NDO Normal Day Off

59 Reg
21 Covid

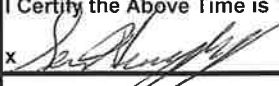

80

City of Florence - Time Reports									
Time Report 4-20-20					S.S No.		Start Date		
Month Ending 5-3-20					Phone No.				
Name: Sean Humphrey									
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked	
								Regular	OverTime
1st Week Work Date	4/20/2020	4/21/2020	4/22/2020	4/23/2020	4/24/2020	4/25/2020	4/26/2020		
Reg. Hours			10	10	10			30	
COVID Leave						10		10	
2nd Week Work Date	4/27/2020	4/28/2020	4/29/2020	4/30/2020	5/1/2020	5/2/2020	5/3/2020		
Reg. Hours			10	10	10			30	
COVID Leave						10		10	
I Certify the Above Time is True & Correct x 					Total Pay 1st			0	0
					Total Pay 2nd			#REF!	#REF!
					Regular Monthly Salary			\$	
					Overtime Salary			\$	
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary			\$	

*NDO Normal Day Off

60 Reg
 20 covid




 80

Time Report Month Ending					S.S No.			Start Date	
Name: Sean Humphrey					Phone No.				
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked	
								Regular	OverTime
1st Week Work Date	3-16-20	3-17-	mar 18	mar 19	mar 20	mar 21	mar 22		
Reg. Hours			10	10	10	10			
COVID LEAVE									
2nd Week Work Date	mar 23	mar 24	mar 25	mar 26	mar 27	mar 28	mar 29		
Reg. Hours			10	10	10				
COVID LEAVE						10			
I Certify the Above Time is True & Correct x 					Total Pay 1st			0	0
					Total Pay 2nd				
					Regular Monthly Salary			\$	
					Overtime Salary			\$	
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary			\$	

*NDO Normal Day Off

Regular 40
 + 30
 COVID 10

 80

Time Report Month Ending					S.S No. Phone No.		Start Date	
Name: <u>Sean Humphrey</u>								
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked Regular OverTime
1st Week Work Date	5/4/2020	5/5/2020	5/6/2020	5/7/2020	5/8/2020	5/9/2020	5/10/2020	
Reg Hours			10	10				20
COVID LEAVE					10	10		20
2nd Week Work Date	5/11/2020	5/12/2020	5/13/2020	5/14/2020	5/15/2020	5/16/2020	5/17/2020	
Reg. Hours			10	10				20
COVID LEAVE					10	10		20
I Certify the Above Time is True & Correct					Total Pay 1st		0	0
x 					Total Pay 2nd		#REF!	#REF!
					Regular Monthly Salary		\$	
					Overtime Salary		\$	
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary		\$	

*NDO Normal Day Off

40 Reg
40 covid

80

Salaried Employee Leave Time Report

Leave time Summary Report for Salaried Employees:

Shane Prickett

For the pay period ending:

5/17/2020

		Sick	Vacation	Holiday	COVID
Monday	5/4/2020				3
	5/5/2020				8
	5/6/2020				8
	5/7/2020				8
Friday	5/8/2020				8
Saturday	5/9/2020				
	5/10/2020				
Monday	5/11/2020				
	5/12/2020				
	5/13/2020				
	5/14/2020				
Saturday	5/15/2020				
	5/16/2020				
	5/17/2020				

Employee Signature



Supervisor Signature

City Manager Signature



Note: The employee Leave request form with approval signature should accompany this form

45 Req
 35 covid

 80

Salaried Employee Leave Time Report

Leave time Summary Report for Salaried Employees:


Shane Prickett

For the pay period ending:

5/3/2020

		Sick	Vacation	Holiday	COVID
Monday	4/20/2020	✗			✗
	4/21/2020	✗			✗
	4/22/2020	✗			✗
	4/23/2020				
Friday	4/24/2020				
Saturday	4/25/2020				
	4/26/2020				
Monday	4/27/2020				
	4/28/2020				
	4/29/2020				
	4/30/2020				
Saturday	5/1/2020				
	5/2/2020				
	5/3/2020				

Employee Signature



Supervisor Signature

City Manager Signature




Note: The employee Leave request form with approval signature should accompany this form

City of Florence - Time Reports									
Time Report				S.S No.				Start Date	
Month Ending				Phone No.					
Name: Timothy Elstun									
Hourly Rate	20-Apr	21-Apr	Apr 22	23-Apr	24-Apr	25-Apr	26-Apr	Total Hours Worked	
	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Regular	OverTime
1st Week Work Date									
Hours Worked	2 1/2	2	2	(Covid-19)	2			8 1/2	
Hours Not Worked									
2nd Week Work Date	27-Apr	28-Apr	29-Apr	30-Apr	1-May	2-May	3-May		
Hours Worked	2	(Covid-19)	2	(Covid-19)	1 1/2			5 1/2	
Hours Not Worked									
I Certify the Above Time is True & Correct					Total Pay 1st				
x Timothy Elstun					Total Pay 2nd				
					Regular Monthly Salary \$				
					Overtime Salary \$				
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary \$				

*NDO Normal Day Off

1.5
 4.5

 6.00
 14.00

City of Florence - Time Reports								
Time Report					S.S No.		Start Date	
Month Ending					Phone No.			
Name: <u>Timothy Eiston</u>								
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked
								Regular OverTime
1st Week Work Date	5/4/2020	5/5/2020	5/6/2020	5/7/2020	5/8/2020	2/28/1900	5/10/2020	
Reg. Hours	2 1/2		2		2 2			6 1/2
COVID Leave		2		2				
2nd Week Work Date	5/11/2020	5/12/2020	5/13/2020	5/14/2020	5/15/2020	5/16/2020	5/17/2020	
Reg. Hours	2 1/2		2		1 1/2			6
COVID Leave		2		2				
I Certify the Above Time is True & Correct					Total Pay 1st		0 0	
x <u>Timothy Eiston</u>					Total Pay 2nd		#REF! #REF!	
					Regular Monthly Salary		\$	
					Overtime Salary		\$	
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary		\$	

*NDO Normal Day Off

12.5 reg
8 covid

Time Report								S.S No.	[REDACTED]	
Month Ending								Phone No.	[REDACTED]	
Name: <i>Christian Ross</i>										
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked		
								Regular	OverTime	
1st Week Work Date	5/4/2020	5/5/2020	5/6/2020	5/7/2020	5/8/2020	5/9/2020	5/10/2020			
Reg. Hours										
COVID LEAVE	<i>8</i>	<i>8</i>	<i>8</i>	<i>8</i>	<i>8</i>			<i>40</i>		
2nd Week Work Date	5/11/2020	5/12/2020	5/13/2020	5/14/2020	5/16/2020	5/17/2020	5/18/2020			
Reg. Hours										
COVID LEAVE	<i>8</i>	<i>8</i>	<i>8</i>	<i>8</i>	<i>8</i>			<i>40</i>		
I Certify the Above Time is True & Correct								Total Pay 1st	<i>0</i>	<i>0</i>
<i>x Christian Ross</i>								Total Pay 2nd	#REF!	#REF!
<i>David B. Est. T.</i>								Regular Monthly Salary	\$	
<i>[Signature]</i>								Overtime Salary	\$	
This Time Card becomes a part of the Wage Record Required by Federal Law								Total Monthly Salary	\$	

*NDO Normal Day Off

COVID

Time Report		Mar 23 thru Apr 5						S.S.No [REDACTED]		
Period Ending		Mar 23 thru Apr 5						[REDACTED]		
Name:		TYLER ROSS								
	MON	TUES	WED	THUR	FRI	SAT	SUN	Total Hours Worked	Worked Overtime	Holiday/other
1st Week	MAR	MAR	MAR	MAR	MAR	MAR	MAR			
Work Date	23	24	25	26	27	28	29			
Street Dept.										
Refuse	8							9		
Cemetery										
Parks										
Water										
Holiday										
Vacation										
Sick		8	8	8	8					
Overtime										
Total Hours	8									
	MON	TUES	WED	THUR	FRI	SAT	SUN	Worked	Overtime	Holiday/other
2nd Week	MAR	MAR	APR	APR	APR	APR	APR			
Work Date	30	31	1	2	3	4	5			
Street Dept.										
Refuse		8	8	8	8			32		
Cemetery										
Parks										
Water										
Holiday										
Vacation										
Sick	8									
Overtime										
Total Hours		8	8	8	8			32		
I Certify the Above Time is True & Correct										
X <i>Tyler Ross</i> 1st. Approved <i>Saul P. Eht J.</i>		Total Pay Period								
2nd. Approved		Regular Monthly Salary		\$						
		Over Time Salary		\$						
This Time Card becomes a part of the Wage Record Required by Federal Law		Total Monthly Salary		Total Hours Worked Regular Over Time		\$				

Time Report Month Ending					S.S No.		Start Date		
Name: <i>Talia Smith</i>					Phone No.				
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked	
								Regular	OverTime
1st Week Work Date	5/4/2020	5/5/2020	5/6/2020	5/7/2020	5/8/2020	5/9/2020	5/10/2020		
Reg. Hours				8	8			16	
COVID LEAVE	8	8	8					24	
2nd Week Work Date	5/11/2020	5/12/2020	5/13/2020	5/14/2020	5/16/2020	5/17/2020	5/18/2020		
Reg. Hours	8	8	8	8	4			36	
COVID LEAVE					4			4	
I Certify the Above Time is True & Correct					Total Pay 1st		0		0
x <i>Talia Smith</i>					Total Pay 2nd		#REF!		#REF!
<i>Don Coble</i>					Regular Monthly Salary		\$		
<i>Orin D</i>					Overtime Salary		\$		
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary		\$		

*NDO Normal Day Off


52
28

80

City of Florence - Time Reports									
Time Report					S.S No.		Start Date		
Month Ending					Phone No.				
Name: <i>Taha Smith</i>									
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked	
								Regular	OverTime
1st Week Work Date	4/20/2020	4/21/2020	4/22/2020	4/23/2020	4/24/2020	4/25/2020	4/26/2020		
Reg. Hours	8			8		8		16	
COVID Leave	8	8	8		8	8		24	
2nd Week Work Date	4/27/2020	4/28/2020	4/29/2020	4/30/2020	5/1/2020	5/2/2020	5/3/2020		
Reg. Hours			8	8	8	8		24	
COVID Leave	8	8				8		16	
I Certify the Above Time is True & Correct					Total Pay 1st			0	0
x <i>Taha Smith</i>					Total Pay 2nd			#REF!	#REF!
					Regular Monthly Salary			\$	
<i>M. B.</i>					Overtime Salary			\$	
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary			\$	

*NDO Normal Day Off

COVID

City of Florence - Time Reports									
Time Report								Start Date	
Month Ending									
Name: Talia									
Hourly Rate	23-Mar	24-Mar	25-Mar	26-Mar	27-Mar	28-Mar	29-Mar	Total Hours Worked	
	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Regular	OverTime
1st Week Work Date									
Hours Worked	8	8	8	8	8	—	—	40	
Hours Not Worked									
2nd Week Work Date	30-Mar	31-Mar	1-Apr	2-Apr	3-Apr	4-Apr	5-Apr		
Hours Worked		4	8	8	8	—		28	
Hours Not Worked	8	4				pd sick leave for Covid-19. →		12	
I Certify the Above Time is True & Correct					Total Pay 1st				
x 					Total Pay 2nd				
					Regular Monthly Salary				
					Overtime Salary				\$
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary				\$

*NDO Normal Day Off

Lant, Timothy

City of Florence - Time Reports								S.S No. [REDACTED] Start Date	
Time Report <i>Apr 20 - May 3 - 2020</i>								Phone No.	
Name: <i>Timothy Lant</i>									
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked	
								Regular	OverTime
1st Week Work Date	4/20/2020	4/21/2020	4/22/2020	4/23/2020	4/24/2020	4/25/2020	4/26/2020		
Reg. Hours				9	9	9		27	
COVID Leave			9					9	
2nd Week Work Date	4/27/2020	4/28/2020	4/29/2020	4/30/2020	5/1/2020	5/2/2020	5/3/2020		
Reg. Hours				9	9	9		27	
COVID Leave			9					9	
I Certify the Above Time is True & Correct								Total Pay 1st	
x <i>TL</i>								0	
								Total Pay 2nd	
								#REF!	
<i>[Signature]</i>								Regular Monthly Salary	
								\$	
<i>[Signature]</i>								Overtime Salary	
								\$	
This Time Card becomes a part of the Wage Record Required by Federal Law								Total Monthly Salary	
								\$	

*NDO Normal Day Off

Total

Reg = 54
 Cov = 18
72

Lawt, Timothy

Time Report Month Ending <i>5/4/20 → 5/17/20</i>					S.S No. [REDACTED]		Start Date <i>3/20</i>		
Name:									
Hourly Rate	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked	
								Regular	OverTime
1st Week Work Date	5/4/2020	5/5/2020	5/6/2020	5/7/2020	5/8/2020	5/9/2020	5/10/2020		
Reg. Hours				9	9	9		27	
COVID LEAVE			9					9	
2nd Week Work Date	5/11/2020	5/12/2020	5/13/2020	5/14/2020	5/15/2020	5/16/2020	5/17/2020		
Reg. Hours				9	9	9		27	
COVID LEAVE			9					9	
I Certify the Above Time is True & Correct					Total Pay 1st		0		0
x <i>[Signature]</i> <i>5/18/20</i>					Total Pay 2nd		#REF!		#REF!
<i>[Signature]</i>					Regular Monthly Salary		\$		
<i>[Signature]</i>					Overtime Salary		\$		
This Time Card becomes a part of the Wage Record Required by Federal Law					Total Monthly Salary		\$		

*NDO Normal Day Off

Total hours

Regular = 54

Covid Leave = 18

72

Salaried Employee Leave Time Report

Leave time Summary Report for Salaried Employees:

Wade Broadhead

For the pay period ending:


5/17/2020

		Sick	Vacation	Holiday	COVID
Monday	5/4/2020				
	5/5/2020				
	5/6/2020				
	5/7/2020				
Friday	5/8/2020				
Saturday	5/9/2020				
	5/10/2020				
Monday	5/11/2020				
	5/12/2020				
	5/13/2020				
	5/14/2020				4
Saturday	5/15/2020				8
	5/16/2020				
	5/17/2020				

Employee Signature



City Manager Signature



Note: The employee Leave request form with approval signature should accompany this form

Salaried Employee Leave Time Report

Leave time Summary Report for Salaried Employees:

Wade Broadhead

For the pay period ending:

5/3/2020

		Sick	Vacation	Holiday	COVID
Monday	4/20/2020				
	4/21/2020				
	4/22/2020				0
Friday	4/23/2020				0
	4/24/2020				0
Saturday	4/25/2020				
	4/26/2020				
Monday	4/27/2020				
	4/28/2020				0
	4/29/2020				0
Saturday	4/30/2020				
	5/1/2020				
	5/2/2020				
	5/3/2020				

homeschooled kids watching children

Employee Signature



City Manager Signature



Note: The employee Leave request form with approval signature should accompany this form

Salaried Employee Leave Time Report

Leave time Summary Report for Salaried Employees:

Wade Broadhead

For the pay period ending:

4/20/2020

*+ 3/30 and 4/1
homeschool
COVID*

		Sick	Vacation	Holiday	COVID
Monday	4/6/2020				
	4/7/2020				8
	4/8/2020				
	4/9/2020				
Friday	4/10/2020				
Saturday	4/11/2020				
	4/12/2020				
Monday	4/13/2020				
	4/14/2020				
	4/15/2020				
	4/16/2020				
	4/17/2020				8
Saturday	4/18/2020				
	4/19/2020				

homeschooling

Employee Signature



City Manager Signature



Note: The employee Leave request form with approval signature should accompany this form