

## **KEDC Hourly Employee Certification of Time**

Each Hourly Employee shall complete and submit this form to their immediate supervisor for each pay period at the time designated by the Business Office.

EMPLOYEE NAME:									
PAY PERIOD	BEGINNI	NG:		F	PAY PERI	OD ENDIN	[G:		
PROJECT/ JOB	DATE MM/DD	TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	WOR	L HOURS (KED¹ Overtime²	TOTAL HOURS	LEAVE TYPE/ AMOUNT USED³
PROJECT/ JOB	DATE MM/DD	TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	WOR	L HOURS  KED¹  Overtime²	TOTAL HOURS	LEAVE TYPE/ AMOUNT USED³
		TOTAL	HOURS FO	OR PAY PE	RIOD				

<sup>1</sup>Supervisor will direct employee how to calculate in terms of breaks, lunch period, etc.

<sup>2</sup>Overtime shall be authorized in accordance with KEDC Board Policy 03.121.

 $^{3}$ KEDC Policy 03.125 Expense Reimbursement states that reimbursement requests must be submitted within sixty (60) days after travel occurs or no payment will be issued.

3LEA	I hereby certi	
E=emergency	N=non-contract	actual hours
H=holiday	S=sick	
P=personal	J=jury duty	Employee sig
		Sunamicar ci

I hereby certify that this time sheet is a correct statement of
actual hours worked during this pay period.

Employee signature:	

Supervisor signature:	