EMPLOYEE_____

MONTH_____ YEAR_____

CITY OF DOVER
PO BOX 115
699 LAKESHORE AVE.
DOVER ID 83825

DATE	IN	OUT	WATER	SEWER	ROADS	PLOW	PARKS	OTHER	JOB DESCRIPTION AND LOCATION	TOTAL
WK 3									WEEK TOTAL	
WK 4									WEEK TOTAL	
WK 5									WEEK TOTAL	
									TOTAL HOURS PGS 1 & 2	

I certify that the hours reported is a true and correct record of my time and benefit usage for the time period covered.

SUPERVISOR APPROVAL

EMPLOYEE SIGNATURE