



Payroll Ending Date: _____

Name: _____

Town of Bolton
Salary/Hourly Timesheet

Rate of Pay: _____

Department: _____

Biweekly Salary: _____

Account Number: - -

Date	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time In							
Out							
In							
Time Out							
Daily Hours							
w/codes							

Total Weekly Hours:

Date	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time In							
Out							
In							
Time Out							
Daily Hours							
w/codes							

Total Weekly Hours:

Please identify hours by code for each day in daily hours

Code	
(W) Hours Worked: _____	(H) Holiday Hours: _____
(S) Sick Hours: _____	(V) Vacation Hours: _____
(P) Personal Hours: _____	(C) Comp Time Used: _____
	() *Other Hours: _____
* Other: (J) Jury Duty, (B) Bereavement, (T) Training/Conference, (MT) Military	

Comp Time Earned:

Total Hours to be Paid:

Total Biweekly Wages

Employee Signature: _____

Supervisor Signature: _____