

County of Bland Exempt Employee							Month and Year:			Employee:			
	Hours						Date	Hours					
	Actual Worked	Comp Earned	Personal Used	Sick Used	Other Used	Description		Actual Worked	Comp Earned	Personal Used	Sick Used	Other Used	Description
1							17						
2							18						
3							19						
4							20						
5							21						
6							22						
7							23						
8							24						
9							25						
10							26						
11							27						
12							28						
13							29						
14							30						
15													
16													
Total Hours Worked:								0					
		Balance Forward	Accumulated			Used							
Personal Time (hrs)						0	Remaining						
Sick Time (hrs)						0	0						
Other (hrs)			0			0	0						

Employee's Signature

Supervisor's Signature