RETAIN FOR AUDIT

Sheet # CE– _____

City/County Employees' Time Record
Land and Water Conservation Fund/Natural and Cultural Resources Grant and Trust Fund

City/County of	Park Job Site	Period From To

Employee Name and Signature	Job Title	Budget Line Item	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Total Hours	Paid Hourly Rate	Total

* *From Approved Budget*

The above time is certified as correct.

Total $ _____

+ FICA $ _____

+ Pension $ _____

Grand Total $ _____

_____

(Supervisor)