

LASALLE COUNTY PAYROLL SHEET

Remit To: Room 248 – PAYROLL DEPARTMENT – by 10 a.m. – MONDAY OF PAYROLL WEEK – 434-8243

EMPLOYEE

NAME: _____

EMPLOYEE NUMBER: _____ DEPT.#: _____ EMPLOYEE ACCT.# _____

PAY PERIOD: _____ AND _____

WEEK BEGINNING

WEEK BEGINNING

*CODE DEFINITIONS:	S-SICK	C-COMP-TIME	PL-PERSONAL LEAVE	V-VACATION
	H-HOLIDAY	F-FUNERAL	FM-FAMILY MEDICAL LEAVE	
	WC-WORKMAN'S COMP		WI-WORK INJURY	

DAY	DATE	REG. HRS WORKED	CODED HRS WORKED	CODE	1½	STR	SHIFT	REASON FOR OVERTIME
MON								
TUES								
WED								
THURS								
FRI								
SAT								
SUN								

SUBTOTALS WEEK #1

MON								
TUES								
WED								
THURS								
FRI								
SAT								
SUN								

SUBTOTALS WEEK#2

BIWEEKLY TOTALS

TOTAL REG. HOURS: _____ TOTAL 1½ x HOURS: _____ TOTAL ST/OT: _____

DEPARTMENT HEAD SIGNATURE: _____ DATE: _____

EMPLOYEE SIGNATURE: _____ DATE: _____