



WALLER COUNTY EMS PAID STAFF TIME SHEET



Employee's Name: _____

| Day | Date | In | Out | # Hours | Medic # | |
|--------------------|------|----|-----|---------|---------|--------|
| Sunday | | | | | | |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | Week 1 |
| Saturday | | | | | | |
| <hr/> | | | | | | |
| Sunday | | | | | | |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | Week 2 |
| Saturday | | | | | | |
| <hr/> | | | | | | |
| Total Hours | | | | | | |

A pay period is two weeks, beginning on Sunday 0600 and ends Sunday 0559
Time cards should be in the box on Monday by 8am

I hereby certify that this is an accurate record of my actual hours and Medic assignment.

Signature: _____