MONTGOMERY COUNTY TENNESSEE
TIME AND ATTENDANCE RECORD

Dept: _____ **Pay Period:** _____

Name: _____ **Employee Number:** _____

		HOURS									
Day	Date	Worked	Overtime Worked	Comp Leave Earned	Holiday Earned	Vacation Taken	Sick Leave Taken	Comp Taken	OJI / WIC Taken	Holiday Taken	Military Leave Taken
Total											

Total Hours to be Paid _____

_____
Signature of Employee

_____
Signature of Department Head