

**HARDEE COUNTY  
BOARD OF COUNTY COMMISSIONERS  
TIME SHEETS**

\_\_\_\_\_ **DEPARTMENT** \_\_\_\_\_ **PAYROLL PERIOD**

EMPLOYEE	M	T	W	TH	F	SA	SU	REG	O/T	VAC	SICK	ADD GROSS
# _____ - Name: _____ Title: _____ EMPLOYEE INITIAL _____												
# _____ - Name: _____ Title: _____ EMPLOYEE INITIAL _____												
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Department Head/Designee Signature \_\_\_\_\_