Revised 2009/Form PERS-2 **SEMI-MONTHLY TIME SHEET (Temporary Employee:_____ Restitution _____Allotment** **TIMESHEET - B**

County/Office:
Employee Name:
Employee Phone:
Employee ID/SSN:
Employee Address:

Pay period Start Date:
Pay period End Date:
Pay Date:

PAY LOCATION#

City: State: Zip:

<----------Hours Worked ---------->

						0				
						0				
						0				
						0				

____ 0	$0.00	1.0765	$0.00	
Hr Rate X	Hrs Worked =	Pmt to Empl x	FICA/MED =	REIMB. BY CLERK

Employee Signature

Administrator/Supervisor Signature

AOC Payroll