

SAMPLE TIME SHEET FOR DUALY EMPLOYED INDIVIDUALS

I, _____, a _____ at _____
(Name) (Position) (Agency)

worked the following hours during the pay period of _____ to _____
(Date) (Date)

| Time | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|------|--------|--------|---------|-----------|----------|--------|----------|
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I hereby swear that during none of these hours did I work for any other employer OR if I did work for another state or government entity during those hours, I used vacation time, compensatory time or floating holidays. (See attached Leave Slips). I understand that Chapter 58 of Title 29 of the Delaware Code prohibits more than one taxpayer payment for coincident hours of the workday.

(Signature)

(Date)