

**HARDIN COUNTY FISCAL COURT  
RESOLUTION 2015-189**

**BE IT RESOLVED**, upon recommendation of Judge/Executive Harry L. Berry, to adopt the Kentucky Department of Emergency Management's Time and Attendance Report Timesheets for the Hardin County Emergency Management Department.

**ADOPTED** by the Hardin County Fiscal Court at its special called meeting on 9 December 2015.



Harry L. Berry  
Hardin County Judge/Executive

Attest:



Debbie Donnelly  
Hardin County Clerk

**TIME AND ATTENDANCE REPORT  
LOCAL EMERGENCY MANAGEMENT AGENCY**



Jurisdiction Name: \_\_\_\_\_  
 Staff Member Name: \_\_\_\_\_  
 Pay Period Covered: \_\_\_\_\_  
 (MM/DD/YY) to (MM/DD/YY)

Date of Warrant/EFT: \_\_\_\_\_  
 County Warrant #: \_\_\_\_\_

| RECORD OF HOURS                            | TOTAL BY<br>HOUR TYPE<br>FOR PERIOD | DATE OF MONTH |  |  |  |  |  |  |  |  |  |  |  |
|--|-------------------------------------|---------------|--|--|--|--|--|--|--|--|--|--|--|
|  |                                     |               |  |  |  |  |  |  |  |  |  |  |  |
| <b>Paid Attendance Hours</b>               |                                     |               |  |  |  |  |  |  |  |  |  |  |  |
| Normal Day Hours EMA                       |                                     |               |  |  |  |  |  |  |  |  |  |  |  |
| Normal Day Hours CSEPP                     |                                     |               |  |  |  |  |  |  |  |  |  |  |  |
| Normal Day Hours Other                     |                                     |               |  |  |  |  |  |  |  |  |  |  |  |
| <b>Additional Hours</b>                    |                                     |               |  |  |  |  |  |  |  |  |  |  |  |
| Additional Hours EMA                       |                                     |               |  |  |  |  |  |  |  |  |  |  |  |
| Additional Hours CSEPP                     |                                     |               |  |  |  |  |  |  |  |  |  |  |  |
| Additional Hours (Emergency-Subject to PW) |                                     |               |  |  |  |  |  |  |  |  |  |  |  |
| Additional Hours Other                     |                                     |               |  |  |  |  |  |  |  |  |  |  |  |
| <b>Absence Hours Charged to</b>            |                                     |               |  |  |  |  |  |  |  |  |  |  |  |
| Annual Leave (Vacation)                    |                                     |               |  |  |  |  |  |  |  |  |  |  |  |
| Sick leave                                 |                                     |               |  |  |  |  |  |  |  |  |  |  |  |
| Compensatory Leave                         |                                     |               |  |  |  |  |  |  |  |  |  |  |  |
| Other - Holiday                            |                                     |               |  |  |  |  |  |  |  |  |  |  |  |
| <b>TOTALS</b>                              |                                     |               |  |  |  |  |  |  |  |  |  |  |  |

I, the undersigned, declare under penalty of perjury that I have examined this document, including all supporting documents, and certify that attendance, overtime and absences are correct, used for the preparation of payroll and support the identified grant programs in accordance with Federal award agreements.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Pay Rate \_\_\_\_\_ Per \_\_\_\_\_  
 (Month, Week, Hour)

Certified Correct \_\_\_\_\_ Date \_\_\_\_\_



**FOR OFFICIAL USE ONLY**

Grant Distribution Percentage per this Report must support  
 the Distribution Percentage submitted with Form 152/153.  
 Grant Distribution % \_\_\_\_\_