

## Facilities Department Time Bank Form

Employee Name: \_\_\_\_\_ Facility: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DATE AND TIME WORKED

\_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM = \_\_\_\_\_ hours.  
Date (MM/DD/YY) (HH:MM) (HH:MM)

\_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM = \_\_\_\_\_ hours.  
Date (MM/DD/YY) (HH:MM) (HH:MM)

\_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM = \_\_\_\_\_ hours.  
Date (MM/DD/YY) (HH:MM) (HH:MM)

\_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM = \_\_\_\_\_ hours.  
Date (MM/DD/YY) (HH:MM) (HH:MM)

### OVERTIME

- Alarm Call Out
  - Emergency Call Out
  - Other (Description) \_\_\_\_\_
- } Minimum of 3 hours x2
- (Description) \_\_\_\_\_

\_\_\_\_\_ hours x 2 = \_\_\_\_\_ hours to be paid.

### **OR**

\_\_\_\_\_ hours x 2 = \_\_\_\_\_ hours to be banked.

Approved by Supervisor \_\_\_\_\_