

NAME _____

POSITION/BUILDING _____

SOCIAL SECURITY # _____

PAY PERIOD _____

WEEK #1

WEEK #2

The work week begins on Mondays at 12:01 a.m. and ends on Sundays at midnight.

MONTH	TIME		
	IN	OUT	
MON			
DATE			
TUE			
DATE			
WED			
DATE			
THUR			
DATE			
FRI			
DATE			
SAT			
DATE			
SUN			
DATE			

MONTH	TIME		
	IN	OUT	
MON			
DATE			
TUE			
DATE			
WED			
DATE			
THUR			
DATE			
FRI			
DATE			
SAT			
DATE			
SUN			
DATE			

For Paid Leaves, please use the appropriate codes:

H - Paid Holiday
SL - Sick Leave/Personal Illness
FI - Family Illness (8 per year Taken from Sick Leave)
PL - Approved Personal Leave (Taken from Sick Leave) *
BL/CI - Bereavement Leave/ Critical Illness Leave (Taken from Sick Leave)*
V - Vacation (12 Month Employees Only)
CU - Comp Time Used

* Leave Request Form must be submitted to and approved by building administrator

Comp Time Balance
(from last pay period):

COMMENTS: _____

2006-07 Payroll Cut-Off/Pay Day

July, 2006	9	21
August	6	21
September	3	21
October	8	20
November	5	21
December	3	21
January, 2007	7	19
February	4	21
March	4	21
April	8	20
May	6	21
June	3	21

If you were gone, please list the dates and names of your substitutes

Weekly Totals

Paid Leaves	_____
Hours Worked	_____
Total Hours	_____
Hours Paid	_____
Comp Time Earned	_____
Comp Time Used	_____
Comp Time Balance	_____

Weekly Totals

Paid Leaves	_____
Hours Worked	_____
Total Hours	_____
Hours Paid	_____
Comp Time Earned	_____
Comp Time Used	_____
Comp Time Balance	_____

We certify that the hours listed on both sides of this time sheet are true and correct. This is the only record of time worked for the reporting period.

Employee's Signature _____
Inaccurate time reports may be grounds for termination.

Supervisor's/Principal's Signature _____
After completing the time sheet, make a copy for your records.