

## MANSFIELD ISD Paraprofessional Time Report

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Employee ID #** \_\_\_\_\_ **Report Period:** \_\_\_\_\_

	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.	Sun.	Total Hours Worked	Normal Work Week	Total Overtime	OT Hrs Up to 40	OT Hrs Over 40	Comp Time Used	Remarks
<b>DATE</b>														
Hours Worked														
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	1. Totals	1a			1c	1d
					X 1.50	
Normal Work Week: Clerical Employees 37.5	2. Comp Time Earned at time-and-a-half (Line 1c x 1-1/2)					
	3. Comp Time Earned at straight time (from Line 1b)					
	4. Total Comp Time Earned (Line 2 + Line 3)					
	5. Beginning Comp. Hours Balance					
	6. Comp Time Total (Line 4 + Line 5)					
	7. Comp Hours Used This Month (from Line 1d)					
	8. Ending Comp Hours Balance (Line 6 - Line 7)					

**Employee:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_