

**Certification of Time**

Each hourly employee shall complete and submit this form to the immediate supervisor for each pay period at the time designated by Central Office personnel.

EMPLOYEE NUMBER \_\_\_\_\_

(required)

(if applicable)

PROGRAM \_\_\_\_\_

PRINT NAME \_\_\_\_\_

DAY	DATE	TIME IN	TIME OUT	HOURS WORKED	LEAVE HOURS	REASON FOR LEAVE	IF SUBSTITUTE, FOR WHOM AND IN WHICH PROGRAM?
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
<b>TOTALS</b>							

*I hereby certify that this time sheet is a correct statement of actual hours worked during this pay period.*

Signature of Employee \_\_\_\_\_

Date \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_

Date \_\_\_\_\_

<b>LEAVE KEY</b>	
E=emergency	P=personal
H=holiday	S=sick
J=jury	U=unpaid
M=military/disaster	V=vacation

Review/Revised: 4/21/14