

Name _____ School _____ Job Type _____
 Employee ID Number _____ Period Beginning _____ Period Ending _____

Day of Month	Date	Time on this Job						Total Elap. Time This Job	Total Weekly Hours	Remarks
		Morning		Afternoon		Night				
		Start	Stop	Start	Stop	Start	Stop			
Mon										
Tues										
Wed										
Thur										
Fri										
Sat										
Sun										
TOTAL FOR 1st WEEK										
Mon										
Tues										
Wed										
Thur										
Fri										
Sat										
Sun										
TOTAL FOR 2nd WEEK										
Mon										
Tues										
Wed										
Thur										
Fri										
Sat										
Sun										
TOTAL FOR 3rd WEEK										
Mon										
Tues										
Wed										
Thur										
Fri										
Sat										
Sun										
TOTAL FOR 4th WEEK										
TOTAL TIME WORKED FOR THE MONTH										

CODE _____
 TOTAL TIME _____
 RATE OF PAY _____
 AMOUNT PAID _____
 DATE PAID _____
 VOUCHER NUMBER _____

REV 9/2012

I hereby certify that the above report of time is a correct statement and includes total hours worked each workday for the period covered as indicated at the top of this page.

 (Employee) (Date)

I hereby approve this statement of total hours worked and that the time indicated is correct.

 (Supervisor) (Date)