

Powell Co Schools Certificate of Time- Fewer Than 8 Hour Employee

Employee Name: _____

Any hours worked above your weekly contracted time must be approved in advance and in writing by the Superintendent or Designee.

Codes		
NC- Non Contract	S- Sick Leave	P- Personal Leave
J- Jury Duty	H- Holiday	E- Emergency Leave
V- Vacation Day	UL- Unpaid Leave- (Out of Valid Leave Options)	
T- Last Day of Employment		

Week Starting: _____

Contracted
Hours Per
Day:

Contracted Job: _____

Date	Time In	Time Out	Lunch	Time In	Time Out	Time Worked	Extra Time
Sun							
Mon							
Tue							
Wed							
Thur							
Fri							
Sat							
Week 1 Total Hrs:							

Week Starting: _____

Contracted Job: _____

Date	Time In	Time Out	Lunch	Time In	Time Out	Time Worked	Extra Time
Sun							
Mon							
Tue							
Wed							
Thur							
Fri							
Sat							
Week 2 Total Hrs:							

Rate of Pay

Contracted Job Extra Hours

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____

Secondary Job: _____

Date	Time In	Time Out	Time In	Time Out	Time Worked	Special Edu
Sun						
Mon						
Tue						
Wed						
Thur						
Fri						
Sat						
Wk 1 3rd Job or Trip Hours			Week 1 Job 2 Hrs:			
			Total Week 1 Hrs:			

Secondary Job: _____

Date	Time In	Time Out	Time In	Time Out	Time Worked	Special Edu
Sun						
Mon						
Tue						
Wed						
Thur						
Fri						
Sat						
Wk 1 3rd Job or Trip Hours			Week 2 Job 2 Hrs:			
Rate of Pay		Total Week 2 Hrs:				

Additional Hours and Piece Rate Totals		
	Hours	Piece