

Powell Co Schools Certificate of Time- 8 Hour Employee

Employee Name: _____

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

Week Starting: _____

Contracted Job: _____

Date	Time In	Time Out	Lunch /Break	Time In	Time Out	Lunch /Break	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 /Break	Time In	Time Out	Lunch /Break	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 _____

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

Secondary Job: _____

Date	Time In	Time Out	Time In	Time Out	Time Worked	Special Edu
Sun						
Mon						
Tue						
Wed						
Thur						
Fri						
Sat						
Week 1 3rd Job 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						
Week 2 3rd Job Hours			Week 2 Job 2 Hrs:			
Rate of Pay			Total Week 2 Hrs:			
Additional Hours and Piece Rate Totals						
					Hours	Piece