EMPLOYEE TIME SHEET
Amity School District 4J

Employee Name: _____ Total Contracted Hours: _____

Assignment 1: Assignment 2: Assignment 3:

Indicate Hours Actually Worked

Building: _____

Pay Period Begins: Pay Period Ends:

	Assign 1 Hours	Assign 2 Hours	Assign 3 Hours
1			
2			
3			
4			
5			
6			
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26			
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28			
29			
30			
31			

	Assign 1 Hours	Assign 2 Hours	Assign 3 Hours
1			
2			
3			
4			
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13			
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27			
28			
29			
30			
31			

***Indicate Code for Leave Used.**

S – Sick Leave
VAC – Vacation
P – Personal
PRO – Professional Leave
BER – Bereavement Leave
OTH – Other/Approved
PH – Paid Holiday

Additional Hours Worked Beyond You Contract Hours
(Must be authorized by Supervisor)

Date	No. of Hours	Explanation – Work Done	Supervisor's Initials

List Absences or Hours on Leave
(Employee Leave Form Required)

Date	No. of Hours	Kind of Leave*	(Office Only)

Employee Signature: _____

Supervisor/Principal Signature: _____

Superintendent Signature: _____

District Office Use Only:

	Hours	Amount
Prorate	_____	_____
Additional Hours	_____	_____
Overtime Hours	_____	_____
Hours Not Worked	_____	_____
Other	_____	_____
Gross	_____	_____

Regular Hours _____
Sick Leave _____
Personal/Other _____
Paid Holiday _____
Total Hours _____

Hourly Rate _____

Grant/Other: Account Number	Units	Rate	Amount	Explanation
_____ _____ _____ _____ _____	_____	_____	_____	_____
_____ _____ _____ _____ _____	_____	_____	_____	_____
_____ _____ _____ _____ _____	_____	_____	_____	_____
_____ _____ _____ _____ _____	_____	_____	_____	_____
TOTAL:				