

EMPLOYEE'S DAILY AND MONTHLY TIME REPORT

(Any person employed in two or more job categories will fill out a separate "Time Report" to record the work time on each category of activity.

_____ (COUNTY)

_____ (SCHOOL)

1. Name _____ Address _____
2. Type Occupation _____ Social Security No. _____
3. Budget Position _____
4. Age _____ Date of Birth _____ Sex _____
- For _____ School Month or Period Beginning _____ Ending _____

(1) DAY OF MONTH	(2) CALENDAR MONTH AND DATE	(3) DAY OF SCHOOL MONTH	(4) ATTENDANCE TIME THIS JOB						(5) TOTAL ELAPSED TIME THIS JOB	(6) COMPLETE IN SUPT. OFFICE			(9) REMARKS
			MORNING		AFTERNOON		NIGHT			TIME ON OTHER ACTIVITIES	TOTAL OF ALL TIME WORKED	OVER-TIME HOURS	
			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													
MON.													
TUES.													
WED.													
THUR.													
FRI.													
SAT.													
SUN.													
TOTAL FOR 5th WEEK													
TOTAL TIME WORKED FOR SCHOOL MONTH OR CALENDAR MONTH													

(Completed in Superintendent's Office)

Regular: _____ hrs. @ \$ _____ = \$ _____

OVERTIME: _____ hrs. @ \$ _____ = \$ _____

TOTAL GROSS WAGES: \$ _____

Fund: _____ Code: _____
 _____ A/L
 _____ S/L
 _____ Rea. 7 (Deduction)

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.

Parent Signature _____

(EMPLOYEE) _____ (DATE) _____
 I HEREBY APPROVE THIS STATEMENT OF TOTAL HOURS WORKED AND THAT THE TIME INDICATED IS CORRECT.

 (PRINCIPAL OR SUPERVISOR) _____ (DATE) _____

EMPLOYEE NO. _____