

# NEW PHILADELPHIA CITY SCHOOLS

## DAILY TIME SHEET FOR HOURLY EMPLOYEES

This form is due in the Central Office every two weeks on the **MONDAY AFTER PAYDAY**. Please submit through your Supervisor. Your Social Security number **MUST** be on this form.

NAME: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Date: \_\_\_\_\_  
 Position: \_\_\_\_\_ Date Pay Period Begins: \_\_\_\_\_  
 Hours are for: \_\_\_\_\_ Regular Time \_\_\_\_\_ Overtime# \_\_\_\_\_ Tutoring\*\*

DAY	DATE	START*	QUIT*	TOTAL	DATE	START*	QUIT*	TOTAL
SUN								
MON								
TUE								
WED								
THUR								
FRI								
SAT								
TOTAL:					TOTAL:			
SPECIAL INSTRUCTIONS:					TOTAL HOURS:			

\* Not required for tutors.

\*\* Tutors only list below name of each student and hours tutored for pay period:

Name: \_\_\_\_\_ Hours: \_\_\_\_\_  
 Name: \_\_\_\_\_ Hours: \_\_\_\_\_  
 Name: \_\_\_\_\_ Hours: \_\_\_\_\_

#Nature and purpose for overtime must be described on the back of this form.

Employee's Signature: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_

\*\*\*\*\*

### CENTRAL OFFICE USE ONLY

Hours \_\_\_\_\_ x Rate \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Hours \_\_\_\_\_ x Rate \$ \_\_\_\_\_ = \$ \_\_\_\_\_