SCHUYLKILL INTERMEDIATE UNIT #29 / SCHUYLKILL TECHNOLOGY CENTER
REPORT OF HOURS WORKED
BY SALARIED EMPLOYEES

EMPLOYEE NAME: _____ BUILDING: _____

POSITION: _____ PROGRAM: _____

WORK DATES	*TIME STARTED*	*TIME FINISHED*	*REGULAR HOURS*	*OVERTIME HOURS*

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____