

Greenon Local School District - Classified Timesheets

Name: _____ Position: _____

Pay Period Ending: _____ / _____ / _____ **Extra Work Description:** _____

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date:	/	/	/	/	/	/	/
Time In							
Time Out							
Total # Hours							
Do not include lunch time in total			Total Hours - Regular: _____ Total Hours - Extra: _____ Total Hours - Overtime: _____				

Week 2	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date:	/	/	/	/	/	/	/
Time In							
Time Out							
Total # Hours							
Do not include lunch time in total			Total Hours - Regular: _____ Total Hours - Extra: _____ Total Hours - Overtime: _____				

Week 3	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date:	/	/	/	/	/	/	/
Time In							
Time Out							
Total # Hours							
Do not include lunch time in total			Total Hours - Regular: _____ Total Hours - Extra: _____ Total Hours - Overtime: _____				

Total **Regular** Hours: _____ x Hourly Pay Rate \$ _____ = Total Pay: \$ _____

Total **Overtime** Hours: _____ x Hourly O.T. Pay Rate \$ _____ = Total O.T.: \$ _____

Payroll Department Use Only	
Total Pay: \$ _____	
Pay Date: _____ / _____ / _____	

Employee Signature*

Supervisor Signature*

* Payment will not be made without Employee AND Supervisor signature