

Certification of Time

Each hourly employee shall complete and submit this form to the immediate supervisor for each pay period at the time designated by Central Office personnel.

EMPLOYEE NUMBER _____

(required)

PROGRAM _____

(if applicable)

PRINT NAME _____

DAY	DATE	TIME IN	TIME OUT	HOURS WORKED	LEAVE HOURS	REASON FOR LEAVE	IF SUBSTITUTE, FOR WHOM AND IN WHICH PROGRAM?		
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
TOTALS									

I hereby certify that this time sheet is a correct statement of actual hours worked during this pay period.

Signature of Employee _____

Date _____

Signature of Supervisor _____

Date _____

LEAVE KEY**E=emergency****P=personal****H=holiday****S=sick****J=jury****U=unpaid****M=military/disaster****V=vacation**

Review/Revised:4/21/2014