

Name _____ Month _____ Year _____

Building _____

Position _____ Classified Staff Certificated Staff

Day	Regular Hours	Extra Hours	O/T Hours	Description	Day	Regular Hours	Extra Hours	O/T Hours	Description
1					17				
2					18				
3					19				
4					20				
5					21				
6					22				
7					23				
8					24				
9					25				
10					26				
11					27				
12					28				
13					29				
14					30				
15					31				
16					Totals				

I certify that the above is an accurate record of the time worked during the period.

Employee Signature _____ ****Original signature required! Please print and sign.****
(This notation will not print.)

Date _____

Supervisor Signature _____ ****Original signature required! Please print and sign.****
(This notation will not print.)

Date _____

RECAPITULATION - Please do not write in lines below.

Account Code		Hours		@		Pay \$	
Account Code		Hours		@		Pay \$	
Account Code		Hours		@		Pay \$	
		Total Hours			Total Pay		