

Certification of Time

These forms are to be completed and sent to the Central Office at the time designated by Central Office personnel.

Payroll Period: From _____ to _____

Certified Employee's Name	Number of Days Worked	Number of Days Absent	Name of Substitute (if required)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			

I certify the above time sheet to be a true record of the time worked by the employees assigned to this school/work site. This time sheet shall be used to certify work time for certified (exempt) employees.

Principal/designee's Signature

Date

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.

HOURLY EMPLOYEE’S NAME: _____ POSITION/DEPARTMENT: _____

SCHOOL/WORK SITE: _____ PAY PERIOD BEGINNING: _____ PAY PERIOD ENDING: _____

DATE	TIME IN	TIME OUT	ACTUAL HOURS WORKED ¹	TOTAL HOURS	LEAVE TYPE/ AMOUNT USED ³	DATE	TIME IN	TIME OUT	ACTUAL HOURS WORKED ¹	TOTAL HOURS	LEAVE TYPE/ AMOUNT USED ³

¹Supervisor will direct employee how to calculate in terms of breaks, lunch period, etc.

²Overtime shall be authorized in accordance with policy 03.221.

TOTAL HOURS FOR PAY PERIOD

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

³ LEAVE KEY	
E=emergency	P=personal
H=holiday	S=sick
J=jury	U=unpaid
M=military/disaster	V=vacation