TIME SHEET

Weekly Attendance & Time Distribution Report for Bi-Weekly period ending _____

Salary Employees use this to replace blue cards only

Name of Employee: _____ (Please Print) School Name: _____ Position: _____

		Hours Worked			Hours Absent								Substitutes Used***				
Date	Day of Week	Regular	Other*	Over Time	Sick	Vacation	Other	Without Pay	Half Day	Full Day	Explanation**	Total Pay Hrs	Y	N	Name	Half Day	Full Day
	Sunday																
	Monday																
	Tuesday																
	Wednesday																
	Thursday																
	Friday																
	Saturday																
	Total																

Do not add into total pay hours

*** Indicate if less than half or full day

		Hours Worked			Hours Absent								Substitutes Used***				
Date	Day of Week	Regular	Other*	Over Time	Sick	Vacation	Other	Without Pay	Half Day	Full Day	Explanation**	Total Pay Hrs	Y	N	Name	Half Day	Full Day
	Sunday																
	Monday																
	Tuesday																
	Wednesday																
	Thursday																
	Friday																
	Saturday																
	Total																

***Other Hours:**
P = Prof. Day
O = Not Worked
C = Charter

****Explanation:**							
F = Family Illness		**B** = Bereavement	**J** = Jury Duty				
L = Leave of absence		**PL** = Personal Leave	**H** = Holiday		*UN = Unclassified Leave		
A = Accident at Work (W/C)		**U** = Unpaid Leave	**SD** = Storm Day		*(Per Teachers Contract)		

Note: Call-in, Overtime, etc. need to be pre-approved by Supervisor.

Adminstrative:_____ Employee:_____ Immediate Supervisor:_____