

TIME SHEETS

PRESTON SCHOOL DISTRICT #201

Name _____ Location _____ Position _____
 Type of Work _____ Period _____ to _____
 Month, day, year Month, day, year

Date	Day	Hours	Explanation	Date	Day	Hours	Explanation
	Mon.				Mon.		
	Tues.				Tues.		
	Wed.				Wed.		
	Thur.				Thur.		
	Fri.				Fri.		
	Sat.				Sat.		
	Sun.				Sun.		
Week Total				Week Total			
	Mon.				Mon.		
	Tues.				Tues.		
	Wed.				Wed.		
	Thur.				Thur.		
	Fri.				Fri.		
	Sat.				Sat.		
	Sun.				Sun.		
Week Total				Week Total			
	Mon.				Mon.		
	Tues.				Tues.		
	Wed.				Wed.		
	Thur.				Thur.		
	Fri.				Fri.		
	Sat.				Sat.		
	Sun.				Sun.		
Week Total				Week Total			
	Mon.			Instructions: Fill out forms completely. Sign time sheet and have time sheet signed by your supervisor. Any hours worked over 40 in a week shall be first authorized by your supervisor. However, emergency overtime, without prior approval, properly documented, will be allowed. If absent because of sickness, vacation, or other reason, list - 0- in hours worked column and fill in explanation column.			
	Tues.						
	Wed.						
	Thur.						
	Fri.						
	Sat.						
	Sun.						
Week Total				I hereby certify that I have been present and working on these dates.			

Total Regular Hours: _____ Date: _____
 Total Hours Overtime: _____ Date: _____

Approved: _____ Date _____