

RECORD OF TIME WORKED

SOCIAL SECURITY # _____

NAME _____

FOR _____, _____
MONTH YEAR

INSTRUCTIONS ON BACK

BUDGET CODE _____

RECORD TIME IN AND TIME OUT FOR EACH BLOCK OF WORK. RECORD TOTAL HOURS WORKED EACH DAY IN SHADED AREA OF THE DATE LINE. (DO NOT INCLUDE LEAVE IN THIS NUMBER)

		BUILDING / SCHOOL														POSITION / WORKSHOP / TYPE OF WORK		
		SUN		MON		TUE		WED		THUR		FRI		SAT				
DATE-HRS	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT		
																		TOTAL HRS WORKED
Week 1																		
Week 2																		
Week 3																		
Week 4																		
Week 5																		
TOTAL																		

HOURLY RATE _____ # HOURS

REGULAR HRS WORKED _____
OVERTIME HRS WORKED _____
TOTAL HOURS WORKED _____

OTHER HOURS:
P = PERSONAL _____
S = SICK _____
B = BEREAVEMENT _____
H = HOLIDAY _____
V = VACATION _____

L = LEGAL/JURY DUTY _____
W = LEAVE W/O PAY _____
E = OTHER (EXPLAIN) _____

TOTAL OTHER HOURS _____

GRAND TOTAL _____

I CERTIFY THAT THIS IS A TRUE RECORD OF THE TOTAL HOURS I WORKED DURING THE MONTH STATED ABOVE.

EMPLOYEE SIGNATURE

APPROVED: _____

SUPERVISOR

BUILDING PRINCIPAL/ADMINISTRATOR

HUTCHINSON PUBLIC SCHOOLS
HUTCHINSON, KANSAS

TOTAL _____