

EMPLOYEE TIME SHEET
Amity School District 4J

Employee Name: _____

Total Contracted Hours: _____

Assignment 1: _____

Assignment 2: _____

Assignment 3: _____

Indicate Hours Actually Worked

Month Pay Period Begins:

Month Pay Period Ends:

	Assign 1 Hours	Assign 2 Hours	Assign 3 Hours
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
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14			
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18			
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21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

	Assign 1 Hours	Assign 2 Hours	Assign 3 Hours
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
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22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

Building: _____

*Indicate Code for Leave Used.	
S – Sick Leave	VAC – Vacation
P – Personal	PRO – Professional Leave
BER – Bereavement Leave	OTH – Other/Approved
PH – Paid Holiday	

**Additional Hours Worked Beyond You Contract Hours
(Must be authorized by Supervisor)**

Date	No. of Hours	Explanation – Work Done	Supervisor's Initials

**List Absences or Hours on Leave
(Employee Leave Form Required)**

Date	No. of Hours	Kind of Leave*	(Office Only)

Employee Signature: _____

Supervisor/Principal Signature: _____

Superintendent Signature: _____

District Office Use Only:

	<u>Hours</u>	<u>Amount</u>		
Prorate	_____	_____	Regular Hours	_____
Additional Hours	_____	_____	Sick Leave	_____
Overtime Hours	_____	_____	Personal/Other	_____
Hours Not Worked	_____	_____	Paid Holiday	_____
Other	_____	_____	Total Hours	_____
Gross	_____	_____	Hourly Rate	_____

Grant/Other: Account Number	Units	Rate	Amount	Explanation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL: