

Fayston Elementary School

Employee Time Sheet

NAME: _____

Position: _____

1st week of pay period _____ to _____ (all date areas must be filled in)

Date	Day	Time In	Time Out	Paid Work Hours	Paid Leave Hours	Total Paid Hours	Comments listing: leave time taken, school closed, Prof. day, Holiday, sick, funding source, lunch, etc.
	Mon						
	Tue						
	Wed						
	Thu						
	Fri						
	Sat						
	Sun						

Total Paid Hours for Week _____

2nd week of pay period _____ to _____ (all date areas must be filled in)

Date	Day	Time In	Time Out	Paid Work Hours	Paid Leave Hours	Total Paid Hours	Comments listing: type of paid leave time taken, school closed, Prof. day, Holiday, sick, etc.
	Mon						
	Tue						
	Wed						
	Thu						
	Fri						
	Sat						
	Sun						

Total Paid Hours for Week _____

Bi-Weekly Total _____

Employee Signature

Date

Supervisor's Signature

ALL TIME SHEETS MUST BE DATED & SIGNED BY BOTH THE EMPLOYEE AND THE SUPERVISOR TO RECEIVE PAYMENT

This Bi-Weekly Time Sheet must be at the Central Office or Faxed at 496-6515, NO LATER than NOON on the Friday of the second week.
Time sheets received after the deadline will be processed the following pay period.

ADDITIONAL INFORMATION: