

AUGUST**Due Sept. 3, 2019**

EMPLOYEE NAME (PLEASE PRINT) _____

LOCATION (RGS, SGS, NMS) _____

INDICATE # OF HOURS IN 1/2 HOUR INCREMENTS

	DAY	DATE	# OF HOURS	COMMENTS
1	MON	8/19/2019		
2	TUES	8/20/2019		
3	WED	8/21/2019		
4	THURS	8/22/2019		
5	FRI	8/23/2019		
6	MON	8/26/2019		
7	TUES	8/27/2019		
8	WED	8/28/2019		
9	THURS	8/29/2019		
10	FRI	8/30/2019		

EMPLOYEE SIGNATURE _____

SUPERVISOR'S APPROVAL TOTAL HOURS _____

DATE _____

DATE _____

Business office : *****

Pay Code Account Number

Hours Rate Total Amount

SEPTEMBER

Due Oct. 1, 2019

EMPLOYEE NAME (PLEASE PRINT) _____

LOCATION (RGS, SGS, NMS) _____

INDICATE # OF HOURS IN 1/2 HOUR INCREMENTS

	DAY	DATE	# OF HOURS	COMMENTS
1	TUES	9/3/2019		
2	WED	9/4/2019		
3	THURS	9/5/2019		
4	FRI	9/6/2019		
5	MON	9/9/2019		
6	TUES	9/10/2019		
7	WED	9/11/2019		
8	THURS	9/12/2019		
9	FRI	9/13/2019		
10	MON	9/16/2019		
11	TUES	9/17/2019		
12	WED	9/18/2019		
13	THURS	9/19/2019		
14	FRI	9/20/2019		
15	MON	9/23/2019		
16	TUES	9/24/2019		
17	WED	9/25/2019		
18	THURS	9/26/2019		
19	FRI	9/27/2019		
20	MON	9/30/2019		

EMPLOYEE SIGNATURE TOTAL HOURS _____

DATE _____

SUPERVISOR'S APPROVAL _____

DATE _____

Business office use only:

Pay Code _____

Account Number _____

Hours Rate _____

Total Amount _____

OCTOBER

Due Nov. 1, 2019

EMPLOYEE NAME (PLEASE PRINT)

LOCATION (RGS, SGS, NMS)

INDICATE # OF HOURS IN 1/2 HOUR INCREMENTS

	DAY	DATE	# OF HOURS	COMMENTS
1	TUES	10/1/2019		
2	WED	10/2/2019		
3	THURS	10/3/2019		
4	FRI	10/4/2019		
5	MON	10/7/2019		
6	TUES	10/8/2019		
7	WED	10/9/2019		
8	THURS	10/10/2019		
9	TUES	10/15/2019		
10	WED	10/16/2019		
11	THURS	10/17/2019		
12	FRI	10/18/2019		
13	MON	10/21/2019		
14	TUES	10/22/2019		
15	WED	10/23/2019		
16	THURS	10/24/2019		
17	FRI	10/25/2019		
18	MON	10/28/2019		
19	TUES	10/29/2019		
20	WED	10/30/2019		
21	THURS	10/31/2019		

TOTAL HOURS _____

EMPLOYEE SIGNATURE

DATE

SUPERVISOR'S APPROVAL

DATE

Business office

Pay Code

Account Number

Hours Rate

Total Amount

NOVEMBER

Due Dec. 2, 2019

EMPLOYEE NAME (PLEASE PRINT)

LOCATION (RGS, SGS, NMS)

INDICATE # OF HOURS IN 1/2 HOUR INCREMENTS

	DAY	DATE	# OF HOURS	COMMENTS
1	FRI	11/1/2019		
2	MON	11/4/2019		
3	TUES	11/5/2019		
4	WED	11/6/2019		
5	THURS	11/7/2019		
6	FRI	11/8/2019		
7	MON	11/11/2019		
8	TUES	11/12/2019		
9	WED	11/13/2019		
10	THURS	11/14/2019		
11	MON	11/18/2019		
12	TUES	11/19/2019		
13	WED	11/20/2019		
14	THURS	11/21/2019		
15	FRI	11/22/2019		
16	MON	11/25/2019		
17	TUES	11/26/2019		

TOTAL HOURS _____

EMPLOYEE SIGNATURE

DATE

SUPERVISOR'S APPROVAL

DATE

Business office use only:

Pay Code Account Number

Hours Rate Total Amount

DECEMBER

Due: Dec 20, 2019

EMPLOYEE NAME (PLEASE PRINT) _____

LOCATION (RGS, SGS, NMS) _____

INDICATE # OF HOURS IN 1/2 HOUR INCREMENTS

	DAY	DATE	# OF HOURS	COMMENTS
1	MON	12/2/2019		
2	TUES	12/3/2019		
3	WED	12/4/2019		
4	THURS	12/5/2019		
5	FRI	12/6/2019		
6	MON	12/9/2019		
7	TUES	12/10/2019		
8	WED	12/11/2019		
9	THURS	12/12/2019		
10	FRI	12/13/2019		
11	MON	12/16/2019		
12	TUES	12/17/2019		
13	WED	12/18/2019		
14	THURS	12/19/2019		
15	FRI	12/20/2019		

TURN IN BEFORE LEAVING FOR BREAK

TOTAL HOURS _____

DATE _____

EMPLOYEE SIGNATURE _____

DATE _____

SUPERVISOR'S APPROVAL _____

Business office

Pay Code _____ Account Number _____

Hours Rate _____ Total Amount _____

JANUARY**Due Feb. 3, 2020**

EMPLOYEE NAME (PLEASE PRINT) _____

LOCATION (RGS, SGS, NMS) _____

INDICATE # OF HOURS IN 1/2 HOUR INCREMENTS

	DAY	DATE	# OF HOURS	COMMENTS
1	MON	1/6/2020		
2	TUES	1/7/2020		
3	WED	1/8/2020		
4	THURS	1/9/2020		
5	FRI	1/10/2020		
6	MON	1/13/2020		
7	TUES	1/14/2020		
8	WED	1/15/2020		
9	THURS	1/16/2020		
10	FRI	1/17/2020		
11	TUES	1/21/2020		
12	WED	1/22/2020		
13	THURS	1/23/2020		
14	FRI	1/24/2020		
15	MON	1/27/2020		
16	TUES	1/28/2020		
17	WED	1/29/2020		
18	THURS	1/30/2020		
19	FRI	1/31/2020		

EMPLOYEE SIGNATURE _____

TOTAL HOURS _____

SUPERVISOR'S APPROVAL _____

DATE _____

DATE _____

Business office use only:

Pay Code _____

Account Number _____

Hours Rate _____

Total Amount _____

FEBRUARY**Due Mar. 2, 2020**

EMPLOYEE NAME (PLEASE PRINT) _____

LOCATION (RGS, SGS, NMS) _____

INDICATE # OF HOURS IN 1/2 HOUR INCREMENTS

	DAY	DATE	# OF HOURS	COMMENTS
1	MON	2/3/2020		
2	TUES	2/4/2020		
3	WED	2/5/2020		
4	THURS	2/6/2020		
5	FRI	2/7/2020		
6	MON	2/10/2020		
7	TUES	2/11/2020		
8	WED	2/12/2020		
9	TUES	2/18/2020		
10	WED	2/19/2020		
11	THURS	2/20/2020		
12	FRI	2/21/2020		
13	MON	2/24/2020		
14	TUES	2/25/2020		
15	WED	2/26/2020		
16	THURS	2/27/2020		
17	FRI	2/28/2020		

TOTAL HOURS _____

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISOR'S APPROVAL _____ DATE _____

Business office use only:

Pay Code _____ Account Number _____

Hours Rate _____ Total Amount _____

MARCH**Due Apr. 1, 2020**

EMPLOYEE NAME (PLEASE PRINT) _____

LOCATION (RGS, SGS, NMS) _____

INDICATE # OF HOURS IN 1/2 HOUR INCREMENTS

	DAY	DATE	# OF HOURS	COMMENTS
1	MON	3/2/2020		
2	TUES	3/3/2020		
3	WED	3/4/2020		
4	THURS	3/5/2020		
5	FRI	3/6/2020		
6	MON	3/9/2020		
7	TUES	3/10/2020		
8	WED	3/11/2020		
9	THURS	3/12/2020		
10	FRI	3/13/2020		
11	MON	3/16/2020		
12	TUES	3/17/2020		
13	WED	3/18/2020		
14	THURS	3/19/2020		
15	FRI	3/20/2020		
16	MON	3/30/2020		
17	TUES	3/31/2020		

TOTAL HOURS _____

EMPLOYEE SIGNATURE _____

DATE _____

SUPERVISOR'S APPROVAL _____

DATE _____

SS OFFICE USE ONLY:

Pay Code _____ Account Number _____

Hours Rate _____ Total Amount _____

APRIL

Due: May 1, 2020

EMPLOYEE NAME (PLEASE PRINT) _____

LOCATION (RGS, SGS, NMS) _____

INDICATE # OF HOURS IN 1/2 HOUR INCREMENTS

	DAY	DATE	# OF HOURS	COMMENTS
1	WED	4/1/2020		
2	THURS	4/2/2020		
3	FRI	4/3/2002		
4	MON	4/6/2020		
5	TUES	4/7/2020		
6	WED	4/8/2020		
7	THURS	4/9/2020		
8	TUES	4/14/2020		
9	WED	4/15/2020		
10	THURS	4/16/2020		
11	FRI	4/17/2020		
12	MON	4/20/2020		
13	TUES	4/21/2020		
14	WED	4/22/2020		
15	THURS	4/23/2020		
16	FRI	4/24/2020		
17	MON	4/27/2018		
18	TUE	4/28/2018		
19	WED	4/29/2018		
20	THU	4/30/2018		

TOTAL HOURS _____

DATE _____

EMPLOYEE SIGNATURE _____

DATE _____

SUPERVISOR'S APPROVAL _____

Business office

Pay Code _____ Account Number _____

Hours Rate _____ Total Amount _____

MAY/JUNE**Turn in the last day of school**

EMPLOYEE NAME (PLEASE PRINT) _____

LOCATION (RGS, SGS, NMS) _____

INDICATE # OF HOURS IN 1/2 HOUR INCREMENTS

	DAY	DATE	# OF HOURS	COMMENTS
1	FRI	5/1/2020		
2	MON	5/4/2020		
3	TUES	5/5/2020		
4	WED	5/6/2020		
5	THURS	5/7/2020		
6	FRI	5/8/2020		
7	MON	5/11/2020		
8	TUES	5/12/2020		
9	WED	5/13/2020		
10	THURS	5/14/2020		
11	FRI	5/15/2020		
12	MON	5/18/2020		
13	TUES	5/19/2020		
14	WED	5/20/2020		
15	THURS	5/21/2020		
16	FRI	5/22/2020		
17	TUES	5/26/2020		
18	WED	5/27/2020		
19	THURS	5/28/2020		LAST DAY STUDENT ATTENDANCE
20	FRI	5/29/2020		IF NEEDED
21	MON	6/1/2020		IF NEEDED
22	TUES	6/2/2020		IF NEEDED
23	WED	6/3/2020		IF NEEDED
24	THURS	6/4/2020		IF NEEDED
25	FRI	6/5/2020		IF NEEDED

TOTAL HOURS _____

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISOR'S APPROVAL _____ DATE _____

BUSINESS OFFICE USE ONLY

Pay Code	Account Number
Hours Rate	Total Amount