



PARAGOULD SCHOOL DISTRICT TIME SHEET

School: _____ Job: _____

Date Payroll Begins: _____ 20____ Date Payroll Ends: _____ 20____

1. Sign in and out with ink.
2. Signature must be on each line where you have signed in and out and on the line with total hours worked.
3. Make sure you staple your authorization for any overtime with this time sheet.

Date 20__	REGULAR (Total 40 Hours)				OVERTIME (Over 40 Hours Weekly)			Signature
	In	Time Off	Out	# Hours	In	Out	# Hours	
Total regular hours worked this week:					Total overtime hours:			
Total regular hours worked this week:					Total overtime hours:			
Total regular hours worked this week:					Total overtime hours:			
Total regular hours worked this week:					Total overtime hours:			

Totals Regular: _____ Rate Per Hour \$ _____ Gross Amount Due: \$ _____
 Overtime: _____

Supervisor's Signature: _____