

# Benton Public Schools

## Time Record for Monthly Paid Employees

Name:	Job:	Location:
-------	------	-----------

Week of:

Day	Start Time	Lunch Out	Lunch In	Quit Time	Sick Leave	Personal Leave	Vacation Leave	Holiday	Other	Total Hours
Sun										
Mon										
Tues										
Wed										
Thurs										
Fri										
Sat										
Total hours for week one:										

By signing, I certify that I have worked the time shown above.

**Employee's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing, I certify that I have reviewed this timesheet and that the hours are correct. Also, overtime hours (if any) have been properly approved.  OT form attached.

**Supervisor's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

<small>For Accounting use only</small>			
Hours over contract	_____	x \$ _____	= \$ _____
	_____	x \$ _____	= \$ _____
	_____	x \$ _____	= \$ _____
<b>Total Due</b>	\$ _____		

Other Examples:  
 School Business  
 Professional Development  
 Jury Duty