Regional School Unit 3 Time & Effort - Timesheet

NAME:

PAY PERIOD		**TO**	

REGULAR POSITION: _____

WEEKLY TIME RECORD

DATE	DAY	IN	LUNCH BREAK OUT	LUNCH BREAK IN	OUT	**REGULAR** POSITION DAILY HOURS	**OTHER** PRE-AUTHORIZED HOURS WORKED FROM - TO	**TOTAL** DAILY HOURS
	THURSDAY							
	FRIDAY							
	SATURDAY							
	SUNDAY							
	MONDAY							
	TUESDAY							
	WEDNESDAY							
					WEEKLY TOTAL			

SUB-TOTAL AND TITLE OF **OTHER** WORK: _____

SUB-TOTAL AND TITLE OF **OTHER** WORK: _____

WEEKLY TIME RECORD

DATE	DAY	IN	LUNCH BREAK OUT	LUNCH BREAK IN	OUT	**REGULAR** POSITION DAILY HOURS	**OTHER** PRE-AUTHORIZED HOURS WORKED FROM - TO	**TOTAL** DAILY HOURS
	THURSDAY							
	FRIDAY							
	SATURDAY							
	SUNDAY							
	MONDAY							
	TUESDAY							
	WEDNESDAY							
					WEEKLY TOTAL			

SUB-TOTAL AND TITLE OF **OTHER** WORK: _____

SUB-TOTAL AND TITLE OF **OTHER** WORK: _____

Timesheets must be submitted by Thursday at noon the day after the pay period.
I certify that this timesheet is a true and accurate statement of all actual hours I have worked for this time period.

Signed by: _____

EMPLOYEE SIGNATURE DATE

Administrative verification and approval: _____

ADMINISTRATOR SIGNATURE

FOR PAYROLL DEPT ENTRY:

EARNING CODE: PAY TYPE HOURS:

EARNING CODE: PAY TYPE HOURS:

EARNING CODE: PAY TYPE HOURS:

_____**% (Federal) Grant**_____ _____**% (Federal) Grant**_____ **TOTAL:**

REVISED November2016