

Certification of Time

Each hourly employee shall complete and submit this form to the immediate supervisor for each pay period at the time designated by Central Office personnel.

EMPLOYEE'S NAME: _____

POSITION/DEPARTMENT: _____

SCHOOL/WORK SITE: _____

PAY PERIOD BEGINNING: _____

PAY PERIOD ENDING: _____

DATE	TIME IN	TIME OUT	ACTUAL HOURS WORKED ¹		TOTAL HOURS	LEAVE TYPE/ AMOUNT USED ³	DATE	TIME IN	TIME OUT	ACTUAL HOURS WORKED ¹		TOTAL HOURS	LEAVE TYPE/ AMOUNT USED ³
			Regular	Overtime ²						Regular	Overtime ²		

¹Supervisor will direct employee how to calculate in terms of breaks, lunch period, etc.

²Overtime shall be authorized in accordance with policy 03.221.

**TOTAL HOURS FOR
PAY PERIOD**

I hereby certify that this time sheet is a correct statement of actual hours worked during this pay period. I am aware that I am being paid for these services through a 21st CCLC grant which is a Federally funded program.

³LEAVE KEY	
E=emergency	P=personal
H=holiday	S=sick
J=jury	U=unpaid
M=military/disaster	V=vacation

Signature of Employee

Date

Signature of Supervisor

Date