

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

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

<sup>2</sup>Overtime shall be authorized in accordance with policy 03.221.

<b>TOTAL HOURS FOR PAY PERIOD</b>		
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I hereby certify that this time sheet is a correct statement of actual hours worked during this pay period.

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

\_\_\_\_\_  
*Signature of Employee*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Supervisor*

\_\_\_\_\_  
*Date*