

**MACONAQUAH SCHOOL CORPORATION**

CLASSIFIED PERSONNEL TIME RECORD

**NAME:** \_\_\_\_\_ **EMPLOYEE ID #** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSITION: \_\_\_\_\_ LOCATION: \_\_\_\_\_

**PAYROLL DATE:** \_\_\_\_\_

WEEK 1:

DAY	DATE	HRS	LEAVE L/BER/PROF/DOC
SUN			
MON			
TUES			
WED			
THUR			
FRID			
SAT			

WEEK 1 HRS: \_\_\_\_\_

WEEK 2:

DAY	DATE	HRS	LEAVE L/BER/PROF/DOC
SUN			
MON			
TUES			
WED			
THUR			
FRID			
SAT			

WEEK 2 HRS: \_\_\_\_\_

**TOTAL HOURS FOR PAY PERIOD:** \_\_\_\_\_

\_\_\_\_\_, HEREBY CERTIFY THIS TO BE A TRUE AND ACCURATE REPORT.  
(EMPLOYEE SIGNATURE)

\_\_\_\_\_, \_\_\_\_\_,  
(IMMEDIATE SUPERVISOR) (BUILDING PRINICPAL)

APPROVE THE ABOVE REPORT AS TRUE AND ACCURATE.

*\*NO OVERTIME ASSIGNMENT MAY BE MADE EXCEPT BY THE SUPERINTENDENT OR APPOINTED REPRESENTATIVE.*

LEAVE	
VAC	
OTHER	