

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 PRINCIPAL)

APPROVE THE ABOVE REPORT AS TRUE AND ACCURATE.

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

LEAVE	
VAC	
OTHER	