

SAU #9 - BI-WEEKLY TIME SHEET HOURLY EMPLOYEES

If Grant related, please complete GRANT TIME SHEET

DISTRICT NAME : _____ LOCATION: _____

(PRINT CLEARLY)

EMPLOYEE NAME: _____ POSITION: _____

PAYROLL DATE: _____ PROGRAM: _____

SOCIAL SECURITY# _____

(OPTIONAL OR LAST 4 DIGITS)

| WEEK ENDING: | | | IDENTIFY AUTHORIZED NUMBER OF HOURS USED | | | | | | | Total | Total | |
|------------------------|----|-----|--|--------|----------|----------|---------|---------|--|------------|-----------|-------|
| | | | | | | | | | | Additional | Scheduled | all |
| TIME | | | | | | | | | | Hours*** | Hours | Hours |
| DAY | IN | OUT | Regular | Sick * | Personal | Vacation | Holiday | Other** | | | | |
| Sun. | | | | | | | | | | | | |
| Mon. | | | | | | | | | | | | |
| Tues. | | | | | | | | | | | | |
| Wed. | | | | | | | | | | | | |
| Thurs. | | | | | | | | | | | | |
| Fri. | | | | | | | | | | | | |
| Sat. | | | | | | | | | | | | |
| 1ST WEEK TOTALS | | | | | | | | | | | | |

| WEEK ENDING: | | | | | | | | | | | |
|------------------------|----|-----|---------|--------|----------|----------|---------|---------|--|--|--|
| DAY | IN | OUT | Regular | Sick * | Personal | Vacation | Holiday | Other** | | | |
| Sun. | | | | | | | | | | | |
| Mon. | | | | | | | | | | | |
| Tues. | | | | | | | | | | | |
| Wed. | | | | | | | | | | | |
| Thurs. | | | | | | | | | | | |
| Fri. | | | | | | | | | | | |
| Sat. | | | | | | | | | | | |
| 2ND WEEK TOTALS | | | | | | | | | | | |

| | | | | | | | | | | |
|----------------------------------|--|--|--|--|--|--|--|--|--|--|
| TOTAL WEEK 1 & WEEK 2 | | | | | | | | | | |
|----------------------------------|--|--|--|--|--|--|--|--|--|--|

* **SICK:** Identify # of Hours and Code: **S**=Self, **IF**= ILL Family, **SFI**=Serious Family Illness, **FML**=Family Med. Leave, **MAT** = Maternity etc.
 ** **OTHER:** Identify # of Hours and Code, **B**=bereavement, **SR**=SchoolRelated (identify)Conference, Field trips, Athletic, etc. **J** = Jury Duty etc.
Please Identify Other:
VACATION: Identify # of Hours and Code = **V**
 *** **ADD. HRS.** No employee is authorized to work beyond their contracted hours without prior approval. **REASON:** _____

EMPLOYEE'S SIGNATURE** _____ DATE: _____
 (Required)

SUPERVISOR'S SIGNATURE** _____ DATE: _____
 (If Applicable)

ADMINISTRATOR'S SIGNATURE * _____ DATE: _____
 (Required)

** I certify to the best of my knowledge, the above information is true and accurate