PERSONNEL   03.121 AP.23

Certification of Time

All certified and exempt classified employees will utilize the District's electronic system to report attendance and/or paid leave days. All users will have their own log-in and password and shall enter their own attendance/absences within the electronic system unless entered by the Principal/Supervisor or designee. By logging-in and entering the paid leave absence, you are verifying you qualify for such paid leave as reasons stated in Board policy.

Non-exempt classified employees will utilize timesheets for attendance, but will record all absences within the District's electronic system. By logging-in and entering the paid leave absence, you are verifying you qualify for such paid leave as reasons stated in Board policy.

Certified and Emergency Certified Substitute Teachers will utilize the District's electronic system to record days worked. All users will have their own log-in and password and shall enter their own attendance within the electronic system unless entered by the Principal/Supervisor or designee.

Certification of Time

THIS FORM IS A MODEL TO BE CUSTOMIZED TO MEET THE NEEDS OF SPENCER COUNTY

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

TOTAL HOURS FOR PAY PERIOD

[3] **LEAVE KEY**

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

[1] Supervisor will direct employee how to calculate in terms of breaks, lunch period, etc.
[2] Overtime shall be authorized in accordance with policy 03.221.

I hereby certify that this time sheet is a correct statement of actual hours worked during this pay period.

_____ _____
Signature of Employee *Date*

_____ _____
Signature of Supervisor *Date*