

- CLASSIFIED PERSONNEL -

Certification of Time

All non-exempt employees shall work a designated fixed schedule, as specified in the individual contract. For each pay period and at the time designated by Central Office personnel, each hourly employee shall complete and submit this form to the immediate supervisor, noting any deviations from the fixed schedule. The employee's supervisor must verify information as indicated by his/her signature.

- Supervisors will direct employees how to calculate in terms of breaks, lunch period, etc.
- Hours in excess of the regular weekly work schedule shall be authorized in accordance with policy 03.221.

SCHOOL YEAR _____

NAME _____ PAY PERIOD _____

☐ CENTRAL OFFICE ☐ HIGHLANDS ☐ JOHNSON ☐ MOYER ☐ WOODFILL

(ENTER HOURS WORKED EACH DAY IN APPROPRIATE SPACE BELOW)

SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
DATE	HOURS	DATE	HOURS	DATE	HOURS	DATE	HOURS	DATE	HOURS	DATE	HOURS	DATE	HOURS

REMARKS _____

NUMBER OF HOURS WORKED: _____

HOURLY WAGE: \$ _____

NUMBER OF O.T. HOURS WORKED: _____

OVER-TIME HOURLY WAGE: \$ _____

TOTAL GROSS WAGE: _____

<u>LEAVE KEY</u>		
E=emergency	L=last day of pay period	S=sick
F = 1 st day of pay period	P=pay day	U=unpaid
H=holiday	PR=personal	V=vacation
J=jury	M=military//disaster	

SIGNATURE OF EMPLOYEE_____
SIGNATURE OF PRINCIPAL OR AUTHORIZED REPRESENTATIVE

PERSONNEL _____

03.221 AP.23

(CONTINUED)

Certification of Time
(Classified Substitute)

FOR CENTRAL OFFICE USE ONLY

PAY TYPE: _____ **ORG:** _____ **#DAYS/HOURS**

☐ ~~010 HIGHLANDS HS~~ ☐ ~~011 HIGHLANDS MS~~ ☐ ~~020 JOHNSON~~ ☐ ~~030 MOYER~~ ☐ ~~040 WOODFILL~~

SUBSTITUTED FOR: _____

DATE (S) _____

NAME OF SUBSTITUTE _____

ADDRESS _____

HOURS IN ATTENDANCE: _____ **FROM:** _____ **To:** _____
(Please be specific)

SIGNATURE OF SUBSTITUTE