

DAYTON INDEPENDENT SCHOOLS
CLASSIFIED EMPLOYEES - 24 CHECKS TIMESHEET

Each hourly employee shall complete and submit this form to their immediate supervisor for each pay period at the time designated by Central Office personnel.

Employee's Name: _____ Position/Dept.: _____

School/Work Site: _____ Pay Period Beginning: _____ Pay Period Ending: _____

Pay Date: _____

CONTRACT HOURS ONLY

	Date	Time In	Time Out	Time In	Time Out	*Hours Worked	**Overtime	# Leave Type
					Total Hours/Days _____			

* Supervisor will direct employees on how to calculate in terms of breaks, lunch period, etc.

** Overtime shall be authorized in accordance with policy 03.221.

- Leave Key

S = Sick E = Emergency
P = Personal H = Holiday
V = Vacation J = Jury
U = Unpaid M = Military

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: _____