

Warrensville Heights City Schools Daily Time Sheet

Employee's Name _____ Month _____ 20 _____

Building/Location _____

Check appropriate item below that indicates your work classification:

- | | |
|---|--|
| <input type="checkbox"/> Building/Grounds Maintenance
<input type="checkbox"/> Transportation Maintenance
<input type="checkbox"/> Substitute Paraprofessional
<input type="checkbox"/> Paraprofessional
<input type="checkbox"/> Substitute Bus Driver
<input type="checkbox"/> Bus Driver
<input type="checkbox"/> Substitute Custodian | <input type="checkbox"/> Custodian
<input type="checkbox"/> Substitute Secretary
<input type="checkbox"/> Secretary
<input type="checkbox"/> Summer Employee
<input type="checkbox"/> Cafeteria
<input type="checkbox"/> Substitute Cafeteria
<input type="checkbox"/> Other _____ |
|---|--|

This Report is due Monday 8:00AM after the Friday ending the pay period.

Date (m/d/y)	Time	Regular Hours	Overtime Hours	Total Hours
	From _____ To _____			
	From _____ To _____			
	From _____ To _____			
	From _____ To _____			
	From _____ To _____			
	From _____ To _____			
	From _____ To _____			
Total Hours				

Signature of Employee _____

Signature of Supervisor _____

Approval of Overtime (Signature of Superintendent or Designee) _____ Date _____

In School/After School Program (Circle one):

_____ **Budget Code #** _____
 (Description)