

Timesheet for Regular & Substitute Service Employees of Putnam County Schools

Employee: _____ ID#: 97200: _____ Position: _____ Location: _____

This timesheet is **REQUIRED** for all regular and substitute service personnel and **MUST** be completed, signed and submitted weekly. Incomplete forms will be returned without processing. All substitute timesheets should be submitted weekly to the personnel department for verification.

INSTRUCTIONS: **Column 1:** Record the current week dates on each day line.


Column 2: Record the time work started. (if you did not work, do not record any time)

Column 3: Record the time work ended. (if you did not work, do not record any time)

Column 4: Record total amount of hours worked.

- **Full-time Employee:** Enter 8 hours for full day. Enter 4 hours for half day (includes 30 minute lunch). If you did not work due to OS, personal, sick, jury duty, vacation, or leave, enter "0" hours. If you did not work due to holiday, enter "8".
- **Half-time Employee:** enter 3.5 hours. If you did not work due to OS, personal, sick, jury duty, vacation, or leave, enter "0" hours. If you did not work due to holiday, enter "3.5".

Column 5: Check this column if you stepped up to the Head Custodian, Head Cook, Foreman/Mechanic or Maintenance Supervisor position.

| DAY | 1 Enter Dates Below | 2 Enter START TIME Below | 3 Enter END TIME Below | 4 TOTAL CLOCK TIME (Hours) | 5 CLASS STEP-UP Indicate with a  | EXPLANATION <i>If you did not work on a particular day please indicate half or whole and the reason below. For example: Election, Holiday, Jury Duty, OS, Personal Day, Sick Day, Unpaid Leave, Vacation.</i> |
|-----------------------------------|------------------------------|--------------------------------------|------------------------------------|--|--|--|
| Sunday | | | | | | |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Saturday | | | | | | |
| Total Weekly Hours Worked: | | | | | | |

OVERTIME: Overtime must be pre-approved by the immediate supervisor. The supervisor must then notify the appropriate superintendent's designee of the need for this overtime.

For actual time worked over 40 hours, I request _____ hours of overtime.

I certify that this work record is accurate and complete for the dates indicated. I understand that there could be disciplinary action, up to and including dismissal, for falsification of this record.

Employee Signature: _____

Date: _____

Supervisor certifies that this employee's time recorded is accurate and complete.

Supervisor Signature: _____

Date: _____