

Social Security Number _____

LOUDONVILLE-PERRYSVILLE EX. VILLAGE SCHOOLS EMPLOYEE TIME SHEET

PAY PERIOD _____ to _____
Mo./da/yr. Mo./da/yr.

Substitute _____

NAME _____ Reg. _____ Hourly Rate _____

Week of:

	Hours Worked	Cal. Hol.	Sick Leave	Deduct	Total	Comment
Sat.						
Sun.						
Mon.						
Tues.						
Wed.						
Thurs.						
Fri.						
Total						
Wk. of:						
Sat.						
Sun.						
Mon.						
Tues.						
Wed.						
Thurs.						
Fri.						
Total						

For office use only

Salary Base = _____ -
Xtra Hrs. _____
Reg. _____ O.T. _____ D.T. _____
Hours

Salary Base = _____ -
Xtra Hrs. _____
Reg. _____ O.T. _____ D.T. _____
Hours

Other _____ @ _____ = \$ _____
Other _____ @ _____ = \$ _____
Other _____ @ _____ = \$ _____

	Comp Time	Personal Leave	Vacation
Time Due	_____	_____	_____
Accumulated this pay	_____	_____	_____
Used this pay	_____	_____	_____
Balance Due	_____	_____	_____

	1st Wk.	2nd Wk.	Total
Reg.	_____	_____	_____ @ _____ = \$ _____
O.T.	_____	_____	_____ @ _____ = \$ _____
D.T.	_____	_____	_____ @ _____ = \$ _____
			Other Pay \$ _____

Employee Signature

Supervisor Signature

Superintendent Signature

Total Pay \$ _____
(other than salary)

SICK LEAVE _____