

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	1st Wk.	2nd Wk.	Total
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Time Due _____
Accumulated this pay _____
Used this pay _____
Balance Due _____

Reg. _____ @ _____ = \$ _____
O.T. _____ @ _____ = \$ _____
D.T. _____ @ _____ = \$ _____
Other Pay \$ _____

Employee Signature

Total Pay \$ _____
(other than salary)

Supervisor Signature

Superintendent Signature

SICK LEAVE _____