

SPRINGBORO COMMUNITY CITY SCHOOLS WEEKLY TIME SHEET

EMPLOYEE NAME _____ SUPERVISOR'S APPROVAL _____

EMPLOYEE ID NUMBER/SS# _____ BUILDING/DEPT _____

DATE	REGULAR HOURS								EXTRA TIME			<i>(Office Use Only)</i> TOTAL HOURS	
	SHIFT IN	BREAK OUT	BREAK IN	LUNCH OUT	LUNCH IN	BREAK OUT	BREAK IN	SHIFT OUT	IN	OUT	PURPOSE	REG	EXTRA
SUN / /													
MON / /													
TUE / /													
WED / /													
THU / /													
FRI / /													
SAT / /													
TOTALS													

Use pen to complete.

This time sheet must be personally filled out and signed by the employee.

EMPLOYEE SIGNATURE

I elect to accrue compensatory time for hours worked on:

