

SPRINGBORO COMMUNITY CITY SCHOOLS WEEKLY TIME SHEET

Employee Name _____

Supervisor's Approval _____

USE PEN TO COMPLETE

Department / Building _____

DATE	DAY	REGULAR SHIFT								EXTRA TIME				OFFICE USE ONLY	
		SHIFT	BREAK		LUNCH		BREAK		SHIFT	IN	OUT	PURPOSE	AUTHORIZED BY	REGULAR	EXTRA
		IN	OUT	IN	OUT	IN	OUT	IN	OUT						
	SUNDAY														
	MONDAY														
	TUESDAY														
	WEDNESDAY														
	THURSDAY														
	FRIDAY														
	SATURDAY														

TOTAL

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: _____
