Perrysburg Schools
<u>Employee Time Sheet</u>

Name: _____
        (please print full name)

_____Athletic Department
_____Outside Function: (Sponsor)_____
_____Student Activities (Event) _____

Last Four Digits - Social Security Number
**Required to Process*   ____ ____ ____ ____

Check Area Worked Below: →
_____Cafeteria   _____Secretary   _____Other _____
_____Custodian   _____Summer/Snow Crew
_____Library   _____Transportation
_____Monitor   _____Teacher   **(**SUBSTITUTES** Check Here_____)**

Date		Activity/Event or Substituted For:	Building	Time (Indicate Lunch Hour if taken)				# of Hours		
				In	Out	In	Out	Reg.	O/T	Double
	S							XXXXXX	XXXXXX	
	M									
	T									
	W									
	TH									
	F									
	S							XXXXXX		XXXXXX
	S							XXXXXX	XXXXXX	
	M									
	T									
	W									
	TH									
	F									
	S							XXXXXX		XXXXXX
						TOTALS →				

Employee Signature _____   Date_____

Supervisor must fill in account number for employee to be paid or form will be returned:

Fund	Func	Obj	SCC	Subject	OU	IL	Job

Supervisor Authorization _____   Date_____

Payroll Use Only

Total Regular Hours _____ x Rate $ _____ = $ _____

Total Overtime Hours _____ x Rate $ _____ = $ _____

Total Double Time Hours _____ x Rate $ _____ = $ _____

9/05, 1/11, 4/12, 9/9/19