

EASTERN LOCAL SCHOOLS TIME SHEET

PAY PERIOD ENDING DATE _____ NAME _____

(JD)	JURY DUTY	(SL)	SICK
(O)	OTHER-WITHOUT PAY	(PL)	PERSONAL
(B)	BEREAVEMENT	(V)	VACATION
(A)	ASSOCIATION	(H)	HOLIDAY
(C)	CALAMITY	(PROF)	PROFESSIONAL
(BR)	CHRISTMAS & SPRING BREAK	(M)	MILITARY
(COMP)	COMPENSATORY LEAVE		

WORK DAY	MONTH DAY	REG HOURS WORKED	CODE HOURS NOT WORKED	EXTRA HOURS	TOTAL HOURS EARNED
MON					
TUE					
WED					
THUR					
FRI					
MON					
TUE					
WED					
THUR					
FRI					
TOTAL					

(compensatory time worked should be reported on a compensatory request/report)

EMPLOYEE'S SIGNATURE _____ DATE _____

PRINCIPAL'S/SUPERVISOR'S SIGNATURE _____ DATE _____

SUPERINTENDENT'S SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY:

Regular hours worked _____ x _____ = _____
 Extra hours worked _____ x _____ = _____
 Differential pay _____ x _____ = _____

Code _____ Total _____