PLATTSBURGH CITY SCHOOL DISTRICT (CUSTODIAL, MAINTENANCE, & TRANSPORTATION) <u>TIME REPORT</u>

NAME OF EMPLOYEE	FROM:	/	/	
PLEASE PRINT				
JOB TITLE	TO:	/	/	
SUB FOR:				
NAME OF COHOO!				
NAME OF SCHOOL				
EMPLOYEE'S SIGNATURE				
APPROVED				

	***	PLEASE :	INDICA'	TE LUN	CH BRE	AK***	
WEEK OF:	/	/	//	WEEK OF:	/		<u>/</u>
	AM	PM	HOURS		AM	PM	HOURS
	IN/OUT	IN/OUT	WORKED		IN/OUT	IN/OUT	WORKED
SUN.	/	/		SUN.	/	/	
MON.	/	/		MON.	/	/	
TUES.	/	/		TUES.	/	/	
WED.	/	/		WED.	/	/	
THUR.	/	/		THUR.	/	/	
FRI.	/	/		FRI.	/	/	
SAT.	/	/		SAT.	/	/	
						<u>.</u>	•
TOTAL HO	OURS WORK	ED	()	TOTAL HO	OURS WORK	ŒD	()
REG HRS	()	EXTRA	()	REG HRS	()	EXTRA	()

<u>PLEASE</u>	INDICATE TOTAL # OF SICK, VACATION	& PERSONAL DAYS THIS PERIOD
SICK	VACATION	PERSONAL_

- 1. Complete form for two week period.
- 2. All working hours are to be shown on the front of this form, including overtime.
- 3. Absences and Overtime are to be explained on reverse side.
- 4. Time reports are to be approved by your supervisor. (Time sheets must be turned in before checks will be released.

ALL CHANGES ON TIME REPORT <u>MUST</u> BE INITIALED

PLEASE COMPLETE REVERSE SIDE IF REQUIRED

BACK SIDE OF TIME REPORT

INSTRUCTIONS

- 1. Explain **<u>FULLY</u>** absences and/or overtime.
- 2. Overtime **MUST** be approved prior to working.
- 3. Absences for custodial/maintenance are to be reported to both your Supervisor and the Supervisor of Buildings and Grounds and to the work location prior to the absence.

OVERTIME

DATE	WORK	REASON FOR OVERTIME	AUTHORIZED	НО	URS	TOTAL
	LOCATION		BY:	FROM	то	HOURS

AUTHORIZING SIGNATURE

ABSENCES

DATE	WORK	REASON FOR ABSENCE	AUTHORIZED	НО	URS	TOTAL
	LOCATION		BY:	FROM	то	HOURS

REPORTED TO:
RELORIED 10.

BACK SIDE OF TIME REPORT