

**PLATTSBURGH CITY SCHOOL DISTRICT  
(NON-INSTRUCTIONAL)  
TIME REPORT**

NAME OF EMPLOYEE \_\_\_\_\_ FROM:     /     /

PLEASE PRINT

JOB TITLE \_\_\_\_\_ TO:     /     /

SUB FOR: \_\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_

EMPLOYEE'S SIGNATURE \_\_\_\_\_

APPROVED \_\_\_\_\_

***PLEASE INDICATE LUNCH BREAK***																									
WEEK OF:	/	/	-	/	/							WEEK OF:	/	/	-	/	/								
	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.	/		/									
TOTAL HOURS WORKED (     )												TOTAL HOURS WORKED (     )													
REG HRS (     )    EXTRA (     )												REG HRS (     )    EXTRA (     )													

PLEASE 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 **MUST** BE INITIALED\*\*\*

\*\*\*PLEASE COMPLETE REVERSE SIDE IF REQUIRED\*\*\*

***SUBS MUST USE YELLOW TIME REPORT***

