

School Board of Levy County

# Weekly Employee Time Sheet

Processed	
Payroll Date	
Cost Center	
Employee Type	
Pay Code	
Hourly Rate	
<i>For Payroll Use Only</i>	

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_

Social Security # (Last Four) \_\_\_\_\_

Date	Reason for extra time or person worked for	Day	Morning AM Start	Morning AM Finish	Evening PM Start	Evening PM Finish	Hourly Rate <i>(Payroll Use)</i>	Total Hours	Payroll Verified <i>(Payroll Use)</i>
		Monday							
		Tuesday							
		Wednesday							
		Thursday							
		Friday							
		Saturday							
		Sunday							
							<b>Total Hours Worked</b>		
							<b>S/T</b> <i>(PR Use)</i>		
							<b>O/T</b> <i>(PR Use)</i>		

*\*Round to the nearest ¼ hour.*

Project Number: \_\_\_\_\_ Description: \_\_\_\_\_

Board Approved Date \_\_\_\_\_

I certify that the hours listed above are accurate.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grant Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date