

**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

