



# WEEKLY TIME REPORT CLASSIFIED EMPLOYEES



NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

DAY	DATE	BUILDING	SUBSTITUTING FOR AND/OR JOB PERFORMED	STARTING TIME	QUITTING TIME	HOURS WORKED
SATURDAY						
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						

For Week Ending \_\_\_\_\_ Total Weekly Hours \_\_\_\_\_

Reason For Extra Hours \_\_\_\_\_

\*\*OVERTIME HOURS MUST BE APPROVED IN ADVANCE, EXCEPT IN EMERGENCY SITUATIONS.\*\*

*I hereby certify that the above is a true and correct statement of the hours worked for the week indicated above.*

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

APPROVED BY \_\_\_\_\_

(Building Principal / Supervisor)

(Superintendent)