

## Bi-Weekly Time Sheet

( DUE THE 1<sup>ST</sup> MONDAY AFTER EACH PAY DAY )

**Employee Name:** (PRINT FULL LEGAL NAME) \_\_\_\_\_ **Position** \_\_\_\_\_ **Pay Period Start Date:** \_\_\_\_\_

**Program:** \_\_\_\_\_ **Pay Period End Date:** \_\_\_\_\_

**Site:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

- TEACHER SUBSTITUTE, INTERNAL-COVERAGE PROVIDED FOR: \_\_\_\_\_  
 FULL DAY       HALF DAY       QUARTER DAY      **OPERIODS:** \_\_\_\_\_
- TEACHER SUBSTITUTE, ASSUMED BY A CERTIFIED TEACHER ASSISTANT
- TEACHER ASST. SUBSTITUTE, INTERNAL-COVERAGE PROVIDED FOR: \_\_\_\_\_  
**POSITION:** \_\_\_\_\_      **# STUDENTS PRESENT:** \_\_\_\_\_
- EXTRA DUTY (SPECIFY) \_\_\_\_\_ **AMOUNT** \$ \_\_\_\_\_ **ACCOUNT #:** \_\_\_\_\_
- CUSTODIAN       SECRETARY       LUNCHROOM DUTY       NURSE

**DISTRICT SERVICES:**  
 INTERPRETER       BUS ATTENDANT  
 HOME-BOUND INSTRUCTION  
 \*COMPLETE REVERSE SIDE OF FORM →

### Time Summary

**Note:** All overtime must be pre-approved by your supervisor.

WEEK OF:	MON	TUE	WED	THU	FRI	SUBTOTAL HOURS
<b>SUPERVISOR USE ONLY</b>	<b>STUDENT/STAFF RATIO:</b>	<b>STUDENT/STAFF RATIO:</b>	<b>STUDENT/STAFF RATIO:</b>	<b>STUDENT/STAFF RATIO:</b>	<b>STUDENT/STAFF RATIO:</b>	
	<b># OF STUDENTS:</b>	<b># OF STUDENTS:</b>	<b># OF STUDENTS:</b>	<b># OF STUDENTS:</b>	<b># OF STUDENTS:</b>	

WEEK OF:	MON	TUE	WED	THU	FRI	SUBTOTAL HOURS
<b>SUPERVISOR USE ONLY</b>	<b>STUDENT/STAFF RATIO:</b>	<b>STUDENT/STAFF RATIO:</b>	<b>STUDENT/STAFF RATIO:</b>	<b>STUDENT/STAFF RATIO:</b>	<b>STUDENT/STAFF RATIO:</b>	
	<b># OF STUDENTS:</b>	<b># OF STUDENTS:</b>	<b># OF STUDENTS:</b>	<b># OF STUDENTS:</b>	<b># OF STUDENTS:</b>	

**Total Hours Reported=** \_\_\_\_\_

### Signatures

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor's Approval Signature**

\_\_\_\_\_  
**Date**

