

# BEDFORD COUNTY PUBLIC SCHOOLS TIME SHEET

## NON EXEMPT EMPLOYEES

Hourly \_\_\_\_\_ PER DIEM \_\_\_\_\_

Sub Teach \_\_\_\_\_

Nurse \_\_\_\_\_

Sped Aide \_\_\_\_\_

Instructional Aide \_\_\_\_\_

Remedial Aide \_\_\_\_\_

Clerical \_\_\_\_\_

Custodian/Maintenance \_\_\_\_\_

Work Study \_\_\_\_\_

Other \_\_\_\_\_ School Nutrition \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_

ID # Required \_\_\_\_\_

Location \_\_\_\_\_

Pay Period MONTH \_\_\_\_\_ (Circle one) 1st - 15th 16th - End of Month

BUDGET CODE \_\_\_\_\_

WEEK OF	V=Vacation	S=Sick	P=Personal	H=Holiday	SD=Snow Day	SUPERVISOR USE ONLY								
						SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTAL HOURS Regular	Overtime
IN														
	OUT													
TOTAL HOURS														
IN														
	OUT													
TOTAL HOURS														
IN														
	OUT													
TOTAL HOURS														

PAYROLL USE ONLY
TOTAL HOURS
REGULAR
OVERTIME

Complete this form in duplicate. Send one copy to the payroll office and file one copy at the school. A form MUST BE completed for EACH non-exempt employee.

The employee's signature is verification that you have recorded ALL time worked and worked all time recorded.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's / Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_