

GARFIELD HEIGHTS CITY SCHOOLS

TIMESHEET

EMPLOYEE NAME: _____ POSITION/TITLE: _____

SUB EMPLOYEE? Y / N

BUILDING:

() High School () Middle School () Maple Leaf

Payroll Period

() Elmwood () Wm Foster () Learning Ctr

From: _____ To: _____

() Maint / Trans () St Monica () Other

DATE	DAY	CONTRACTED HRS*	LEAVE HRS	ADD'L HRS**	SUB HRS***	TIME IN	TIME OUT	TOTAL HRS	EXPLANATION
	MON								
	TUE								
	WED								
	THU								
	FRI								
	SAT								
	SUN								
WKLY TOTAL									
DATE	DAY	CONTRACTED HRS*	LEAVE HRS	ADD'L HRS**	SUB HRS***	TIME IN	TIME OUT	TOTAL HRS	EXPLANATION
	MON								
	TUES								
	WED								
	THU								
	FRI								
	SAT								
	SUN								
WKLY TOTAL									
GRAND TOTAL									

SL = Sick Leave PL = Personal Leave PR = Professional Leave JD = Jury Duty
 BR = Bereavement (funeral) VA = Vacation OT = Other DO = Dock

* Hrs Approved by the Board of Education / ** Hrs in excess of contracted hrs, but not overtime / ***Provide name & position of person you are replacing

I hereby certify that the hours recorded above are, to my knowledge, correct. I further understand that adjustments (i.e. due to over-use of leave) may change the total paid hours. In addition, I certify that for the hours paid or unpaid leave, I have forwarded the proper forms to my supervisor.

Employee Signature

Principal / Supervisor Signature

PAYROLL USE ONLY

Acct #	Hrly Rate	Hrs	Total Payment
Acct #	Hrly Rate	Hrs	Total Payment