Revised 6/97

GFW SCHOOLS - CLASSIFIED EMPLOYEE TIME SHEET

NAME _____ SITE (check one) ☐ DIST ☐ ES ☐ MS ☐ HS

WEEK OF _____

	M	T	W	TH	F	SA	SU	TOTAL
Hours Worked								
Sick/Bereavement Leave Hours								
Holiday Hours								
Vacation/Personal/Wellness Hours								
Compensation Hours Used								
TOTAL REGULAR HOURS AND LEAVE								

REMARKS

Overtime Paid This Week (Employee worked over 40 hours)								
Custodial-Boiler & Building Check								
Custodial - Emergency Call Back								
TOTAL PAID OVERTIME								

Emergency Closing

Balance Fwd _____

Make Up Hrs Due _____

Hours Made Up _____

New Balance _____

Emergency Closing Time Due								
Emergency Closing Time Worked								

Compensation Time

Balance Fwd _____

Earned _____

Used _____

New Balance _____

Regular *Compensation Time* Accumulated (Employee worked 40 hours or less)								
Overtime *Compensation Time* Accumulated (Employee worked over 40 hours)								X 1.5 =

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____