

Wolcott School District 154

Bi-Weekly Time Sheet (Due the Monday after Pay Day)

Employee Name:	<small>For Office Use Only</small> Position: <input type="checkbox"/> Certified <input type="checkbox"/> Non-Certified Staff
Supervisor:	<small>For Office Use Only</small> Pay Period Start Date: Pay Period End Date:

- TEACHER SUBSTITUTE, INTERNAL COVERAGE PROVIDED FOR: _____
 FULL DAY HALF DAY QUARTER DAY PERIODS: _____
- TEACHER SUBSTITUTE, ASSUMED BY A CERTIFIED TEACHER ASSISTANT
- TEACHER ASSISTANT SUBSTITUTE, INTERNAL COVERAGE PROVIDED FOR: _____
 POSITION: _____ # STUDENTS PRESENT: _____
- EXTRA DUTY (SPECIFY BELOW) OTHER: _____
- COACHING AFTER SCHOOL PROGRAM HOMEBOUND INSTRUCTION/SERVICES
- SUMMER WORKER LUNCHROOM DUTY/HW CLUB SCHOOL DETENTION PERIOD

Time Summary

NOTE: ALL OVERTIME MUST BE PRE-APPROVED BY YOUR SUPERVISOR

WEEK OF _____	MON	TUE	WED	THU	FRI	WEEKLY SUBTOTAL
# OF HOURS/ # PERIODS of DUTY						

WEEK OF _____	MON	TUE	WED	THU	FRI	WEEKLY SUBTOTAL
# OF HOURS/ # PERIODS of DUTY						

TOTAL HOURS/PERIODS REPORTED = _____

Signatures

Employee Signature

Date

Supervisor's Approval Signature

Date