

NAME:			Month:						FY 2018-2019								
DATE	Start Time	End Time	Regular Hours						Committee Hours			Overtime Hours		Paid time off			Total Hours
			Admin	Events	A&Y Programs	After School	Pre-K	Instructor/Coach	LAX	OBB	OVC	Pay me	Add PTO	Holiday	PTO	Disability Bank	
<i>Example</i>	8:00am	5:00pm	2								2					4	8
26																	0
27																	0
28																	0
29																	0
30																	0
31																	0
1																	0
2																	0
3																	0
4																	0
5																	0
6																	0
7																	0
8																	0
9																	0
10																	0
11																	0
12																	0
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15																	0
16																	0
17																	0
18																	0
19																	0
20																	0
21																	0
22																	0
23																	0
24																	0
25																	0
TOTAL			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

By signing this timesheet I certify that it accurately reflects the hours I worked. I acknowledge I received all of my required break and meal periods.

Employee Signature Date Supervisor Signature Date

EMPLOYEE COMPENSATION POLICIES
 Timesheets should be signed by your immediate supervisor and are due on the 25th of the month unless otherwise noted (holidays may affect this)
 Draws are issued on the 15th of the month for up to 80% of what the employee has earned to date in current month
 Paychecks are issued on the last day of the month
 PTO can be used for vacations, sick days, or days off without pay. Time off must be approved by your supervisor 1 week prior to taking time off
 Holiday hours are pro-rated based on the employee's average hours worked
 If you have any questions, please ask your immediate supervisor