

**NEW PHILADELPHIA CITY SCHOOLS  
DAILY TIME SHEET FOR HOURLY EMPLOYEES**

This form is due in the Central Office every two weeks on the **MONDAY AFTER PAYDAY**. Please submit through your Supervisor. Social Security Number **Must** be on this form.

Name \_\_\_\_\_ SSN \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Date Pay Period Begins \_\_\_\_\_

Hours are for: \_\_\_\_\_ Regular Time \_\_\_\_\_ Overtime  \_\_\_\_\_ Tutoring \*

Day	Date	Start	Quit	Total	Date	Start	Quit	Total	
Sun									
Mon									
Tues									
Wed									
Thurs									
Fri									
Sat									
Total					Total				
								Total Hours	

**Special Instructions:**

\* Tutors only list below name of each student and hours tutored for pay period:

Name: \_\_\_\_\_ Hours: \_\_\_\_\_  
 Name: \_\_\_\_\_ Hours: \_\_\_\_\_  
 Name: \_\_\_\_\_ Hours: \_\_\_\_\_

Nature and purpose for overtime must be described on the back of this form.

**Employee's Signature:** \_\_\_\_\_ **Supervisor's Signature** \_\_\_\_\_

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**Central Office Use Only**

Hours \_\_\_\_\_ x Rate \_\_\_\_\_ = \$ \_\_\_\_\_

Hours \_\_\_\_\_ x Rate \_\_\_\_\_ = \$ \_\_\_\_\_