

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. Your Social Security number **MUST** be on this form.

NAME: _____ Soc. Sec. # _____ Date: _____

Position: _____ Date Pay Period Begins: _____

Hours are for: _____ Regular Time _____ Overtime# _____ Tutoring**

DAY	DATE	START*	QUIT*	TOTAL	DATE	START*	QUIT*	TOTAL	
SUN									
MON									
TUE									
WED									
THUR									
FRI									
SAT									
TOTAL:					TOTAL:				
SPECIAL INSTRUCTIONS:					TOTAL HOURS:				

* Not required for tutors.

** 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: _____

CENTRAL OFFICE USE ONLY

Hours _____ x Rate \$ _____ = \$ _____

Hours _____ x Rate \$ _____ = \$ _____