

**Habersham County School District**

**Weekly Time Sheet for Non-Exempt Employee**

**Employee Name** \_\_\_\_\_

**Month & Year:** \_\_\_\_\_

**EE# & Position** \_\_\_\_\_

**School:** \_\_\_\_\_

Day	Date	Start Time	Out (Lunch)	In (Lunch)	End Time	Actual Hours Worked	Required Hours	Overtime Hours*	Comments/Notes
<i>Example</i>	7/1/16	7:38	11:42	12:05	3:30	7.5	7.5	0.00	
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Hourly Rate: _____						<b>Weekly Totals</b>			Total Pay: _____

Total amount of regular hours: \_\_\_\_\_

Total amount of overtime hours: \_\_\_\_\_

Payroll Month: \_\_\_\_\_

I hereby certify that I have worked all the hours on this time sheet as authorized by my supervisor. Any overtime worked was pre-approved by my supervisor/principal. I further understand an incomplete or inaccurate time sheet may result in a delayed paycheck.

I certify the correctness of hours worked reported and totaled. Overtime hours worked have been pre-approved in accordance with HCSO Overtime Procedure. I further certify I understand inaccurate time sheets will be returned for correction and may delay processing for the employee.

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Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal/Director Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Please enter appropriate regular hours for employee's position (ex. custodian = 8; paraprofessional = 7)

FLSA requires overtime pay to be at least one and one-half times an employee's regular rate of pay after 40 hours of work in a workweek.

This original timesheet will be retained for audit purposes by the applicable school, the official 'office of record', for such length of time as required by the Local Government Retention Schedule published and maintained by the Georgia Secretary of State. <http://sos.ga.gov/>