

# MONTHLY TIME SHEET

JOINT SCHOOL DISTRICT #171

EMPLOYEE  
 NAME \_\_\_\_\_  
 PAYROLL \_\_\_\_\_  
 MONTH/YEAR \_\_\_\_\_  
 POSITION \_\_\_\_\_  
 WORKSITE \_\_\_\_\_

**DISTRICT OFFICE USE**

EMPLOYEE # \_\_\_\_\_

PAY RATE \_\_\_\_\_

**NOTE: Submit one time sheet for each job position or location. Do not combine positions on one form.  
 Please DO NOT put substitute hours on your regular time sheet. They must be listed on a substitute form.**

**TIME IN EXCESS OF YOUR TERM OF EMPLOYMENT MUST BE APPROVED IN ADVANCE.**

	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL
DATE								
HOURS WORKED								

DATE								
HOURS WORKED								

DATE								
HOURS WORKED								

DATE								
HOURS WORKED								

DATE								
HOURS WORKED								

**LIST NUMBER OF HOURS WORKED FOR EACH WORK DAY. IF YOU ARE ABSENT PLEASE USE ONE OF THE ABSENCE CODES BELOW.**

Absence Codes	
Sick	S
Family Sick	F
Personal	P
Bereavement/Family	BF
Bereavement/Other	BO
Vacation (Year round employees)	V
Deduct	D
District Education	DE
Emergency Closure	EC

**TOTAL HOURS WORKED**

My signature certifies this time record as true and correct.

EMPLOYEE SIGNATURE \_\_\_\_\_

SUPERVISOR SIGNATURE \_\_\_\_\_

EXTRA HOURS = \_\_\_\_\_  
 (List above on proper day)

APPROVED BY \_\_\_\_\_

Supervisor

Superintendent