

Substitute Classified Employee Weekly Time Sheet

NAME OF EMPLOYEE	LOCATION
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DATE	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MON								
TUES								
WED								
THURS								
FRI								
SAT								
SUN								
TOTAL								

COMMENTS: _____

AUTHORIZATION OF OVERTIME (Signature of Program Director): _____

SIGNATURE: _____ (Employee) SIGNATURE: _____ (Administrator)

(NO PERSON IS TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION. TIME SHEET MUST BE PERSONALLY COMPLETED AND SIGNED BY EMPLOYEE.)

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