

MAPLETON SCHOOL DISTRICT 32 - MONTHLY PAYROLL TIME SHEET

NAME _____

POSITION _____

BUILDING _____

PAY PERIOD (MM/YY - MM/YY) _____

INSTRUCTIONS	HOURS WORKED		LEAVE HOURS	ADDITIONAL HOURS DESCRIPTION	SUPERVISOR USE ONLY	
	Regular	Additional	Hour(s)/ Code		Accounting Unit	Leave Slip
Use this form to record the hours you worked in the listed position from the 11th day of the prior month through the 10th day of the current month. Please round hours worked to the nearest quarter hour. Your signature certifies this is a true and accurate report of time worked. Submit your payroll time sheet to your building or department supervisor at the end of the 10th day of each month. Leave Codes: S - Sick, P - Personal, SC - School Closure, UP - Unpaid, JD - Jury Duty, F - Family (OFLA/FMLA)	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					
	16					
	17					
	18					
	19					
	20					
	21					
	22					
	23					
	24					
	25					
	26					
	27					
	28					
	29					
	30					
	31					
TOTAL						

EMPLOYEE SIGNATURE

SUPERVISOR SIGNATURE

MAPLETON SCHOOL DISTRICT 32 - MONTHLY PAYROLL TIME SHEET

NAME _____
 BUILDING Transportation

POSITION Bus Driver
 PAY PERIOD (MM/YY - MM/YY) _____

INSTRUCTIONS	ROUTE HOURS WORKED			LEAVE HOURS	EXTRA DUTY				SUPERVISOR USE ONLY		
	AM	PM	Total	Hour(s)/Code	*Time In*	*Time Out*	Hour(s)	*Trip*, Bus wash, training, classified substitute position, etc.	Accounting Unit	Leave Slip	
Use this form to record the hours you worked in the listed position from the 11th day of the prior month through the 10th day of the current month. Please round hours worked to the nearest quarter hour. Your signature certifies this is a true and accurate report of time worked. Submit your payroll time sheet to your building or department supervisor at the end of the 10th day of each month.	1										
	2										
	3										
	4										
	5										
	6										
	7										
	8										
	9										
	10										
	11										
	12										
	13										
	14										
	15										
	16										
	17										
	18										
	19										
	20										
	21										
	22										
	23										
	24										
	25										
	26										
	27										
	28										
	29										
	30										
	31										
TOTAL											

EMPLOYEE SIGNATURE _____ SUPERVISOR SIGNATURE _____