



Richmond Community Schools
Employee Time Sheet

Pay Date: _____

EMP#: _____

Name: _____

Position: _____

Location: _____

Tentative Days: _____

Daily Hrs: _____

Day	Date	Start Work	Finish Work	Comments	Hours Worked	Sick	Pers	Vac	Hday	Hours Paid
Grand Total										

Signature: _____

The employee's signature confirms that the hours submitted are in compliance with the work calendar provided. Any additional hours have been preapproved by the Superintendent or designee.

Approved By: _____ ASN # _____

The signature of the supervisor confirms that the employee has submitted hours in compliance with the provided work calendar. Any additional hours have been preapproved by the Superintendent or designee.

Superintendent or designee: _____

The Superintendent's signature represents a review of the Employee Time Sheet, not an approval of additional hours. Additional hours must be preapproved by the Superintendent or designee.

HOURS/TIME REPORTED MUST BE ACTUAL TIME WORKED
Originals ONLY, NO copies accepted and do NOT use someone else's timesheet