

**DELTA COUNTY JOINT SCHOOL DISTRICT #50
CLASSIFIED EMPLOYEE TIME SHEET**

DUE TO DISTRICT OFFICE BY THE 10TH OF EVERY MONTH

CUST. ___ MAINT. ___ BUS MECH. ___ BUS DRVR. ___ FOOD SERV ___ SEC. ___ AIDE ___ TECH ___

NAME OF EMPLOYEE _____ SUBSTITUTE _____

LOCATION _____

WORK WEEK ___ / ___ / ___ thru ___ / ___ / ___

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	TOTAL	Remarks

Total Regular Hours _____ Total Overtime/Extra Hours _____

WORK WEEK ___ / ___ / ___ thru ___ / ___ / ___

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	TOTAL	Remarks

Total Regular Hours _____ Total Overtime/Extra Hours _____

WORK WEEK ___ / ___ / ___ thru ___ / ___ / ___

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	TOTAL	Remarks

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Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	TOTAL	Remarks

Total Regular Hours _____ Total Overtime/Extra Hours _____

WORK WEEK ___ / ___ / ___ thru ___ / ___ / ___

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	TOTAL	Remarks

Total Regular Hours _____ Total Overtime/Extra Hours _____

Approved by _____

*The total policy related to support staff supplement pay plan is available in School Board Policy Book, #GDBC.

REMARKS COLUMN: Please indicate Sick Leave, Personal Leave, Vacations, Holiday
Please indicate the day of your absence, such as Mon, Tues., Etc.
PLEASE INDICATE REASON FOR ADDITIONAL HOURS OR OVERTIME HOURS
PRE-APPROVAL AND SIGNATURE REQUIRED.

COLOR CODES: (BLUE) - Custodians, Maint. & Part-Time (YELLOW) – Bus Mechanics & Bus Drivers EMP. NO. _____
(GREEN) – Food Service & Part-Time (PINK) – Secretaries, Aides & Part-Time ACCT. NO. _____