Beautiful Plains School Division

Hourly Employee Time Sheet

EMPLOYEE'S NAME:

TIME PERIOD:			*to*		
	Month	*Day*		*Month*	*Day*

POSITION: **SCHOOL:**

Month	Day	Hours	Absence Code	Month	Day	Hours	Absence Code
	1				16		
	2				17		
	3				18		
	4				19		
	5				20		
	6				21		
	7				22		
	8				23		
	9				24		
	10				25		
	11				26		
	12				27		
	13				28		
	14				29		
	15				30		
					31		

TOTAL HOURS

ABSENCE	CODE
Sickness	SS
Stat. Holiday	SH
Compassionate	CL
Personal Day with Pay	PW
Personal Leave	PL
In-Service	IN
Family Medical Leave	FM
Extra Hours – Meetings	EM
Other	(specify)

_____
Employee's Signature

_____
Supervisor's Signature

DIVISION OFFICE USE	
Current Hours Paid	

_____
Division Approval