

Weston Public Schools: Timesheet

Employee Name: _____

Week Ending: _____

Position: _____ Scheduled Contracted Hours: From _____ To _____

School: _____ Department: _____

	Date Mo/Day	Regular Hours		Total Reg. Hours	Overtime Hours		Total Overtime	Doubletime Hrs. From To		Total Doubletim e	Explanation i.e.: sick; personal; etc.
		From	To		From	To					
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											
Monday											
Tuesday											
		Regular Hours			Overtime Hours			Doubletime Hrs			

Substituted for: _____

Employee Signature: _____

Date: _____

Principal's Signature: _____

Date: _____

For Payroll Office Use Only:

Reg Days/Hrs _____
 Extra Hrs. _____
 OT Hrs. _____
 DT Hrs. _____

W/O Pay Days/Hrs _____
 Sick Days/Hrs. _____
 Vac Days/Hrs. _____
 Pers. Days/Hrs. _____

Condol. Days/ Hrs. _____
 JD Days/Hrs. _____
 ER. Days/Hrs. _____