

St. James R-I School District - Time Sheet

Pay Period

From _____ TO _____

Name (Please print.): _____

(Month/Day/Year)

Date	In	Out	In	Out	Actual # of Hrs. Worked	LEAVE	Bereav	Conf	LWOP	Paid Hol	Paid Vac	Comp time	Court/Jury	Total Hrs for day	Extra Hours worked		Reg or Over-time Mark O or R	Total Extra Hrs for day	Superv isor's Initial	
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Total Each Column																				

TOTAL CONTRACT HOURS FOR MONTH _____

Reminder: All overtime/extra time must be approved BEFORE it is worked

Signature of Employee

Signature of Supervisor