

MAPLETON SCHOOL DISTRICT 32 - MONTHLY PAYROLL TIME SHEET

NAME _____

POSITION _____

BUILDING _____

PAY PERIOD (MM/YY - MM/YY) _____

INSTRUCTIONS	HOURS WORKED		LEAVE HOURS	ADDITIONAL HOURS DESCRIPTION	SUPERVISOR USE ONLY	
	Regular	Additional	Hour(s)/ Code		Accounting Unit	Leave Slip
Use this form to record the hours you worked in the listed position from the 7th day of the prior month through the 6th day of the current month. Please round hours worked to the nearest quarter hour. Your signature certifies this is a true and accurate report of time worked. Submit your payroll time sheet to your building or department supervisor at the end of the 6th day of each month. Leave Codes: S - Sick, P - Personal, SC - School Closure, UP - Unpaid, JD - Jury Duty, F - Family (OFLA/FMLA)	7					
	8					
	9					
	10					
	11					
	12					
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	14					
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	16					
	17					
	18					
	19					
	20					
	21					
	22					
	23					
	24					
	25					
	26					
	27					
	28					
	29					
	30					
	31					
	1					
	2					
	3					
	4					
	5					
	6					
TOTAL						

EMPLOYEE SIGNATURE

SUPERVISOR SIGNATURE