



# May Independent School District

Where everybody is somebody

## Non-Exempt Employee Weekly Time Sheet

Employee Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

REGULAR ASSIGNMENT						+	EXTRA DUTY			+	LEAVE		=
	Date	Start Time	Lunch Out	Lunch In	End Time	Reg. Total	Description of Extra Duty	Start Time	End Time	ED Total	Leave Code	Leave Hours	Daily Total
SAT							<input type="checkbox"/> Bus Monitor AM / PM <input type="checkbox"/> Bus Driver AM / PM <input type="checkbox"/> Gate Worker <input type="checkbox"/> Other:					<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	
SUN							<input type="checkbox"/> Bus Monitor AM / PM <input type="checkbox"/> Bus Driver AM / PM <input type="checkbox"/> Gate Worker <input type="checkbox"/> Other:					<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	
MON							<input type="checkbox"/> Bus Monitor AM / PM <input type="checkbox"/> Bus Driver AM / PM <input type="checkbox"/> Gate Worker <input type="checkbox"/> Other:					<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	
TUE							<input type="checkbox"/> Bus Monitor AM / PM <input type="checkbox"/> Bus Driver AM / PM <input type="checkbox"/> Gate Worker <input type="checkbox"/> Other:					<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	
WED							<input type="checkbox"/> Bus Monitor AM / PM <input type="checkbox"/> Bus Driver AM / PM <input type="checkbox"/> Gate Worker <input type="checkbox"/> Other:					<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	
THU							<input type="checkbox"/> Bus Monitor AM / PM <input type="checkbox"/> Bus Driver AM / PM <input type="checkbox"/> Gate Worker <input type="checkbox"/> Other:					<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	
FRI							<input type="checkbox"/> Bus Monitor AM / PM <input type="checkbox"/> Bus Driver AM / PM <input type="checkbox"/> Gate Worker <input type="checkbox"/> Other:					<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	

Total Regular Hours Worked: \_\_\_\_\_ + Total Extra Duty Hours Worked: \_\_\_\_\_ = Total Hours: \_\_\_\_\_

Total Overtime Hours (over 40) Worked: \_\_\_\_\_

Total Leave Used: \_\_\_\_\_

I certify this is an accurate record of hours worked.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Verified and Approved by:

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

### LEAVE CODES

- P - Personal Leave
- J - Jury Duty
- S - Sick Leave
- H - Holiday
- D - Death in Family
- PF - Professional
- C - Comp/Contract

\*\*\*\*\* PLEASE RETURN ALL APPROVED TIME SHEETS ON MONDAYS TO ADMIN OFFICE \*\*\*\*\*