

BEMUS POINT CENTRAL SCHOOL DISTRICT

NON-INSTRUCTIONAL STAFF-WORK RECORD

Name: _____

Title: _____

Date of Pay: _____			Work record period*: from _____ to _____			
HOURLY ANNUALIZED EMPLOYEE ATTENDANCE VERIFICATON (see annual contact agreement for <i>scheduled work hours/day</i>)			TIMECARD (permanent employees working <4hr per day)			
These hours are paid through date of pay _____			EXTRA HOURS (permanent employees working >4hr per day) PRIOR APPROVAL REQUIRED *			
			SUBSTITUTE EMPLOYEES — Please list employee you were working for _____			
Hours paid through end of work record period _____						
DATE	SCHEDULED WORK HOURS PER DAY	ABSENT CODES - (S,P, H,V,B,U,CS)*	DATE	TIME IN-TIME OUT	TOTAL HRS (minus lunch)	NOTES: please state reason for extra hours or who you were working for.
TOTAL				TOTAL		

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____

If necessary, supply additional information on the back of this form. Check here if additional information is on the back ☐
*See back for explanations

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ADDITIONAL INFORMATION

Employee/Supervisor additional information:

Payroll Use Only:

*Work record period – 2 week period which runs from Wednesday to Tuesday, pay for this period will be the following week on Friday (see current pay schedule). This work record sheet is due to payroll the day AFTER record period ends. If it is not received by that date you might not receive payment for your hours UNTIL THE FOLLOWING PAYROLL.

*Absences – S=Sick, P=Personal, H=Holiday, V=Vacation, B=Bereavement, U=Unscheduled Closing, CS=Cancer Screening

*Prior Approval Required – Must have prior approval from Supervisor and Superintendent for working hours/days beyond your normal schedule unless an unforeseen circumstance arises.

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