

**SOUTH PIKE SCHOOL DISTRICT
HANDWRITTEN TIME SHEET / MISSED PUNCH FORM / LEAVE FORM**

Employee Name: _____

Last 4 Digits of SSN: _____

Employee Location: _____

Week ending: _____

Handwritten Time Sheet:

	IN	OUT	IN	OUT	IN	OUT	TOTAL	COMMENTS
SUNDAY								
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								

Missed Punch:

Missed Punch time(s) in the time clock system will be posted from the time(s) above.

Leave Form:

Per Policy GBRI, Comp Time shall be taken prior to the use of any other leave type whether it is marked or not.

Please list below the order in which you would like your leave to be posted for any time missed this week.

(Ex: 1st, 2nd, etc.) *Minutes or Hours will be posted based on what you indicate below.*

- _____ **C - Comp Time**
- _____ **0 - Jury** (Attach the Court's Paperwork)
- _____ **1 - Sick** (4 or More Consecutive School Days - Attach Doctor's Excuse)
- _____ **3 - Vacation**
- _____ **4 - Personal**
- _____ **5 - Out of Time/Unpaid**
- _____ **7 - Professional** (Attach Approved Professional Development Form)

I certify that this represents a true and accurate record of the time I actually worked.

EMPLOYEE SIGNATURE

DATE

PRINCIPAL/SUPERVISOR SIGNATURE

DATE

ATTACH THE ORIGINAL FORM TO TIME CARD REPORT AND SEND TO PAYROLL WEEKLY. KEEP A COPY AT YOUR LOCATION.