

**SHERMAN INDEPENDENT SCHOOL DISTRICT
NON-EXEMPT WEEKLY TIME REPORT**

Name _____
Month _____

ID# _____
Year _____

Week 1	Date	Start Time	Lunch Out	Lunch In	End Time	Remarks	Reg. Hours Worked	Overtime Worked	Total hrs Worked
Sun									
Mon									
Tues									
Wed									
Thurs									
Fri									
Sat									

Total Hrs Worked for Week _____

Week 2	Date	Start Time	Lunch Out	Lunch In	End Time	Remarks	Reg. Hours Worked	Overtime Worked	Total hrs Worked
Sun									
Mon									
Tues									
Wed									
Thurs									
Fri									
Sat									

Total Hrs Worked for Week _____

Week 3	Date	Start Time	Lunch Out	Lunch In	End Time	Remarks	Reg. Hours Worked	Overtime Worked	Total hrs Worked
Sun									
Mon									
Tues									
Wed									
Thurs									
Fri									
Sat									

Total Hrs Worked for Week _____

Week 4	Date	Start Time	Lunch Out	Lunch In	End Time	Remarks	Reg. Hours Worked	Overtime Worked	Total hrs Worked
Sun									
Mon									
Tues									
Wed									
Thurs									
Fri									
Sat									

Total Hrs Worked for Week _____

Week 5	Date	Start Time	Lunch Out	Lunch In	End Time	Remarks	Reg. Hours Worked	Overtime Worked	Total hrs Worked
Sun									
Mon									
Tues									
Wed									
Thurs									
Fri									
Sat									

Total Hrs Worked for Week _____

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ABSENCE CODE	Beginning Comp Time Balance _____	
V Vacation	+Comp Time Earned for hours between 37.5 and 40	
P Personal Leave	Week 1 _____, Week 2 _____, Week 3 _____, Week 4 _____, Week 5 _____	
S Sick Leave	Total Comp Time Earned for hours between 37.5 and 40 _____	
D Death in Family	+Comp Time earned for hours over 40	
J Jury Duty	Week 1 _____, Week 2 _____, Week 3 _____, Week 4 _____, Week 5 _____	
H Holiday	Total comp Time Earned for hours over 40 _____ X 1.5 _____	
C Comp Time Off		
L Leave Without Pay	New Comp Time Balance _____	
M Meeting (Professional)	-Comp Time Used _____	
	Ending Comp Time Balance _____	

PAYROLL USE ONLY
Hours Worked _____
Hours Paid _____
OT Hours Worked _____
OT Hours Paid _____
Other _____

_____ <i>Employee's Signature</i>	_____ <i>Date</i>
_____ <i>Supervisor's Signature</i>	_____ <i>Date</i>

Monthly Time Report

Month and Year _____

“Ending Comp Time Balance”: _____ hours.

Please check one:

- I wish to accumulate these hours to be paid or taken off in the future.
- I request payment for all of these hours on my next paycheck.
- I request payment for _____ hours and wish to accumulate the remaining _____ hours to be paid or taken off in the future.

Signature of Employee: _____

Campus: _____