

**Dover Area School District
Employee Time Sheet**

DUE DATE:

Employee Name: _____ Building: _____
 Position: _____ Status: _____
 Account #: _____

Time Sheets should be used for the following:
Support Staff: Any hours not clocked on the time clock and for all training hours to be paid. Any additional/extra hours on the time clock must be pre-approved by your Supervisor before working them.

Professional Staff: All additional compensated tasks above normal salary per the contract. (ex. room/building moves, etc)

Substitute For:

Employee Position: (Circle One)

Building: (Circle One)

Custodian Nurse Building Aide Secretary DE – 210 LE -230 NSE –250 WE – 240
 Cafeteria Teacher Para Professional PCA HS – 810 IS -500 Adm Office Bus Office 100

*** Please list all start and end times as A.M. or P.M.**

Weekday	Date	Start Work	Time Out Lunch	Time In Lunch	End Work	Total Hours	Description of Work Hours	Please check if HQ Hours?
	MM/DD/YY							
WEEK ONE	Sunday							
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Saturday							

TOTAL HOURS>

Weekday	Date	Start Work	Time Out Lunch	Time In Lunch	End Work	Total Hours	Description of Work Hours	Please check if HQ Hours?
	MM/DD/YY							
WEEK TWO	Sunday							
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Saturday							

TOTAL HOURS>

Office Use Only

Time Clock _____
 Google Doc _____
 PR Entry _____
 Total Paid _____

 Verified by: Signature Date Employee's Signature Date

***** Description of all hours worked on time sheet must be listed above in the appropriate box. All time sheets must be signed and dated by your supervisor/principal prior to sending to the payroll department.**