

COOK COUNTY SCHOOL DISTRICT 130

Time Sheet for Hourly, Daily and Substitute Employees

Employee completes dates, hours, reasons, signs, and submits original to the appropriate administrator for approval. Once administrator approval is obtained, the original approved timesheet should be forwarded to the Business Office. Time sheets are to be completed and submitted in compliance with the current timesheet deadline schedule.

NAME		POSITION				BLDG./DEPT.			PAY PERIOD:		
									FROM:		
									TO:		
DATE	a.m. from	a.m. to	p.m. from	p.m. to	Total Hours	Overtime Hours			Reason Hours Worked		
						from	to	Total			
Total Hours:									-		
Total Regular Hours:					-	X			hourly rate daily rate	= \$	-
Hours over 40 per week:					-	X			hourly rate daily rate	= \$	-

Account Number(s):		DATE PAID:

THE UNDERSIGNED EMPLOYEE AND PROGRAM MANAGER CERTIFY THAT THE LISTED HOURS WERE ACTUALLY WORKED AND THAT COMPENSATION IS DUE AS SET FORTH ABOVE.

Employee/Substitute Signature:	Social Security Number: (Last 4 digits ONLY)
	XXX - XX -
Address	City/State/Zip

Principal's Signature Must be signed by the principal	Business Manager's Signature
Program Administrator's Signature Must be signed by curriculum office	