INTERLOCAL #613 TIMESHEET

EMPLOYEE NAME _____ **POSITION #** _____
DAILY HRS APPROVED_____ **BLDG HRS** _____

MONTH OF:

DATE	DAILY TOTAL	REASON FOR ABSENCE/ADD'T TIME
		WEEKLY TOTAL
		WEEKLY TOTAL
		WEEKLY TOTAL
		WEEKLY TOTAL
		WEEKLY TOTAL
TOTAL HOURS		**PLEASE SUBMIT YOUR TIMESHEET NOW!**

SL - Sick Leave

FL - Funeral Leave

JD - Jury Duty

NS - No School

V - Vacation

UPL - Unpaid Leave (must have permission)

Payroll Use Only:

Sick Hrs _____

Vac Hrs _____

UPL Hrs _____

Funeral _____

Regular Hrs_____

Total Hrs _____

I certify that the above record of time and leave is correct.

_____
Signature of Para Educator

_____
Signature of Supervising Teacher

_____
Signature of Bldg Administrator