

# School District of Lodi Timesheet

NAME: \_\_\_\_\_

Period Ending \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Worked <i>(circle)</i>	Time work began	Time work ended	Total number of hours worked	Shift	Overtime Hours <i>(beyond Contract hours)</i>	Sub Hours <i>(non contract specify!)</i>	REQUIRED: * Give Reason for Overtime * Indicate who subbed for * Indicate reason for variance in hours	Sick Leave Hours	Personal Leave Hours	Emergency Leave Hrs	Funeral Leave Hours	Vacation Leave Hours	Holiday Hours	Comp Hours	School Business Hrs
Month of: _____															
1 / 16															
2 / 17															
3 / 18															
4 / 19															
5 / 20															
6 / 21															
7 / 22															
8 / 23															
9 / 24															
10 / 25															
11 / 26															
12 / 27															
13 / 28															
14 / 29															
15 / 30															
/ 31															
TOTAL DAYTIME:															
TOTAL NIGHTLY:															

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Supervisor's Approval