

**SPARTA COMMUNITY UNIT DISTRICT NO. 140
CLASSIFIED PERSONNEL TIME SHEET**

NAME: _____ MONTH: _____, 20____

POSITION: _____ i.e. (Cust, Cook, Noontime Super, Sec, Parapro, or Sub Position)

BUILDING: _____ CIRCLE PAY PERIOD: 1 thru 15 **OR** 16 thru 30

 **COMPLETE THIS FORM AND TURN INTO BUILDING OFFICE AT END OF EACH PAY PERIOD.**

 **OVERTIME CLAIMS MUST BE INITIALED BY PRINCIPAL OR SUPERVISOR IN ORDER TO BE PAID!!**

DATE	STARTING TIME	ENDING TIME	LESS LUNCH BREAK	STANDARD HOURS WORKED	OVERTIME HOURS WORKED	PRINCIPAL/SUPERVISOR INITIALS
			½ HOUR			
			½ HOUR			
			½ HOUR			
			½ HOUR			
			½ HOUR			
			½ HOUR			
			½ HOUR			
			½ HOUR			
			½ HOUR			
			½ HOUR			
			½ HOUR			
			½ HOUR			
			½ HOUR			
			½ HOUR			
			½ HOUR			
			½ HOUR			
TOTAL HOURS						

EMPLOYEE SIGNATURE: _____ DATE: _____

APPROVED: _____ DATE: _____
(Principal, Supervisor, Superintendent or Business Manager's Signature)