ROGERS PUBLIC SCHOOLS
TIMESHEET

Name _____ Employee #_____

Last 4 SSN_____

Address _____

_____

School _____

Month _____

							Overtime		
Date	Time In	Time Out	Total	Time In	Time Out	Total	In	Out	Total
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
Total									

Hourly Rate _____ Total Hours _____ Total Overtime Hours _____

Duty Performed _____

I certify that the above is correct _____

Employee Signature

_____

Supervisor Signature

Job Class _____ Pay Code _____ Budget Unit _____

*Note: Payroll cut-off is the last working day of each month, all time over 40 hours a week is overtime. Not filling this form out completely may delay payment.