



Public Schools of Petoskey

Employee Name: _____ ID: _____

Building: _____ Job Position: _____

(If a sub, for whom): _____

Round Total Daily Hours up to nearest quarter (.25) Hour

WEEK 1

Day	Date	Start Time	Out	In	Finish Time	Extra In	Extra Out	Total	Aide Leave
Sun									
Mon									
Tues									
Wed									
Thurs									
Fri									
Sat									

NOTES: _____ TOTAL WEEK 1: _____ Hours _____

WEEK 2

Day	Date	Start Time	Out	In	Finish Time	Extra In	Extra Out	Total	Aide Leave
Sun									
Mon									
Tues									
Wed									
Thurs									
Fri									
Sat									

NOTES: _____ TOTAL WEEK 2: _____ Hours _____

Employee Signature

Supervisor Approval

Hours Worked:	_____
Aide Leave (Hours):	_____
Total Hours:	_____

Payroll Use : _____