

BLYTHEVILLE SCHOOL DISTRICT CLASSIFIED DAILY TIMESHEET

EMPLOYEE NAME:											
Beginning_____ Ending_____ Department_____									Additional Hours Description		
Day	Date	TIME	AM	TIME		TIME	PM	TIME		Total Hours	
SUN	____/____		TO				TO				
	** Additional Hours:		TO				TO				
MON	____/____		TO				TO				
	** Additional Hours:		TO				TO				
TUE	____/____		TO				TO				
	** Additional Hours:		TO				TO				
WED	____/____		TO				TO				
	** Additional Hours:		TO				TO				
THU	____/____		TO				TO				
	** Additional Hours:		TO				TO				
FRI	____/____		TO				TO				
	** Additional Hours:		TO				TO				
SAT	____/____		TO				TO				
	** Additional Hours:		TO				TO				
									Total Hrs:		

Employee' Signature: _____ Date _____

Supervisor's Signature: _____ Date _____

Timesheets are due Monday by NOON.

*If absent please attach your leave request slip to the timesheet.

**Additional information can be notated on back.

FOR PAYROLL USE ONLY- DO NOT WRITE BELOW THIS LINE		
005 REGULAR:		015 OT:
REG RATE:		OT RATE:
120 VAC:		130 J-DUTY:
110 SL:		135 MILITARY:
115 PERSONAL:		145 SB: