

South Portland School Department

Name: _____

Week Ending: _____
 (use Friday date)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time In							
Time Out Lunch							
Time In							
Time Out							
 Total Worked							

Total Regular Hrs. _____
 Total Over Time _____

_____ I hereby certify that I did work all regular hours of my primary
 (initial) position with the South Portland School Department for the
 above listed week.

If you were absent for any reason during the above listed week, please state the reason for absence in the box provided. If the day is with pay, please post the number of hours in the Total Worked Column. If the day is without pay, please indicate number of hours with a negative amount.

Employee Signature: _____

Supervisor Signature: _____

_____ Date Received