Valley R-VI
Time Sheet

Month:_____   Employee:_____

Date	Job Description	Begin Time	End Time	Mark If PD related	Hours	OT Description	OT Hours
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
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21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

*NOTE for bldg secretaries: Please specify if PDC Sub Teacher.

Total Hours:_____   Total OT Hours:_____

Staff Member Signature:_____

Principal or Supervisor:_____

Superintendent Signature:_____   Date:_____