Jordan School District Timesheet
Weekly Overtime Hours

Name _____ **Social Security#** _____

Address _____

City And Zip _____ **Home Base School** _____

Day	Date	Regular Contract Hours	*Above-Contract Hours*	*Time In*	*Time out*	School/Loc where worked	Type Work/Activity Name OR Reason for day off work
Mon							
Tues							
Wed							
Thur							
Fri							
Sat							
Sun							
Totals						**O.T. Hours**	**S.T. Hours**

Pay Per Hour Regular Rate
Straight-Time Hours
Total Straight-Time Pay
Pay Per Hour Overtime Rate
Overtime Hours
Total Overtime Pay
Total Amount

Distribution Number to be Charged	Total straight-time hours	Total over-time hours	Total Pay
Paid by school (Straight-Time) **10 - E - _____ - 9711 - 2640 - 190**			
Paid by school (Overtime) **10 - E - _____ - 9711 - 2640 - 190**			
School Activity **10 -E - _____ - 9710 -2623 - _____**			
O/T Custodian **10 - E - _____ - 9710 - 2622 _____**			
Sub-Custodian **10 - E - _____ - 9710 - 2624 _____**			
Camps and Clinics **10 - E - _____ - 9801 - 1040 - 190**			
Salt Lake County Rec **10 - E - _____ - 9706 - 2623 _____**			
Rentals **10 - E - _____ - 9705 - 2623 _____**			
Totals			

Employee Signature

Principal Signature

Head Custodian Signature

Custodial Director Signature

Revised 11/10/17