

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	Pay Per Hour Regular Rate
Mon								
Tues								
Wed								
Thur								
Fri								
Sat								
Sun								
Totals						O.T. Hours	S.T. Hours	

Straight-Time Hours
Total Straight-Time Pay

Pay Per Hour Overtime Rate

Overtime Hours
Total Overtime Pay

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			

Total Amount

Employee Signature

Principal Signature

Head Custodian Signature

Custodial Director Signature