

The New School

RECORD OF TIME WORKED

Employee's Name

Job Title/Location

DAY	DATE	AM IN	- TIME OUT	- PM IN	OUT	ASSIGNED HOURS	EXTRA TIME*	HOURS TO BE PAID**	COMMENTS: (why extra time, who subbed for you, covered for what Teacher and timeframe covered, etc.)
SAT									
SUN									
MON									
TUE									
WED									
THUR									
FRI									
WEEK 1 HOURS SEE OTHER SIDE FOR LEAVE CODES									*ANY EXTRA TIME REQUIRES DETAILS (Add't space on back, if needed) **HOURS TO BE PAID SHOULD INCLUDE ALL PAID LEAVE TIME ALSO

DAY	DATE	AM IN	- TIME OUT	- PM IN	OUT	ASSIGNED HOURS	EXTRA TIME*	HOURS TO BE PAID**	COMMENTS: (why extra time, who subbed for you, covered for what Teacher and timeframe covered, etc.)
SAT									
SUN									
MON									
TUE									
WED									
THUR									
FRI									
WEEK 2 HOURS SEE OTHER SIDE FOR LEAVE CODES									*ANY EXTRA TIME REQUIRES DETAILS (Add't space on back, if needed) **HOURS TO BE PAID SHOULD INCLUDE ALL PAID LEAVE TIME ALSO

Employee's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____