

<b>2020-2021 SCHOOL YEAR</b>	<b>NEWPORT INDEPENDENT SCHOOLS CLASSIFIED TIME SHEET</b>
Location: _____	CHECK DATE: ___/___/___      TIMESHEET DATES: ___/___/___ to ___/___/___

	<i>GRANT/PROJECT please indicate here:</i>	
FILL IN THE APPROPRIATE DATES-i.e. 16, 17 ,18...		Total Hours
FILL IN THE APPROPRIATE DAYS-i.e. F, Sa, Su, M		

<b>EMPLOYEE'S SIGNATURE</b>		
Employee Name (printed)	REG HRS	
	Add'l HRS	

Please provide reason for any additional hours in this line per employee:		
Employee Signature	OT HRS	
Please mark as appropriate: SICK (S), PERSONAL (P) OR SCHOOL BUSINESS (SB) LEAVE WITHOUT PAY (LWOP) VACATION (V)		
Employee Name (printed)	REG HRS	
	Add'l HRS	

Please provide reason for any additional hours in this line per employee:		
Employee Signature	OT HRS	
Please mark as appropriate: SICK (S), PERSONAL (P) OR SCHOOL BUSINESS (SB) LEAVE WITHOUT PAY (LWOP) VACATION (V)		
Employee Name (printed)	REG HRS	
	Add'l HRS	

Please provide reason for any additional hours in this line per employee:		
Employee Signature	OT HRS	
Please mark as appropriate: SICK (S), PERSONAL (P) OR SCHOOL BUSINESS (SB) LEAVE WITHOUT PAY (LWOP) VACATION (V)		

Approved by (Print name): \_\_\_\_\_

Approver's signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

**Timesheet will not be accepted without employee or approver signature.**

**If not received by the timesheet due date it will not be paid until the next pay.**

**If the timesheets are not completed or incorrect, they will be sent back.**

Employees are required to obtain **PRIOR APPROVAL** before working any Overtime. (Overtime is considered any hours worked **OVER 40** hours within the same week, Sunday through Saturday.)  
By signing, the Approver acknowledges that the employee obtained required approval and completed the Overtime.