

**GUILFORD COUNTY SCHOOLS
EMPLOYEE'S DAILY AND WEEKLY TIME SHEET**

Month: _____

EMPLOYEE'S NAME _____ SOC. SEC. NO. _____ JOB TITLE _____ SCHOOL/DEPT. _____

Week: 1	Date	Start Time	Lunch Begin	Lunch End	Add'l Start Time	Add'l Stop Time	Ending Time	Hours Worked	Leave Type	Leave Hours	Total Hours for Week			
Saturday											Regular	Overtime	Leave	Total
Sunday														
Monday														
Tuesday											01 Sick (S)		Holiday (H)	
Wednesday											20 Vacation (V)		Other (O)	
Thursday											28 Bonus (B)		Specify Type	
Friday											07 Without Pay			
Week: 2	Date	Start Time	Lunch Begin	Lunch End	Add'l Start Time	Add'l Stop Time	Ending Time	Hours Worked	Leave Type	Leave Hours	Total Hours for Week			
Saturday											Regular	Overtime	Leave	Total
Sunday														
Monday														
Tuesday											01 Sick (S)		Holiday (H)	
Wednesday											20 Vacation (V)		Other (O)	
Thursday											28 Bonus (B)		Specify Type	
Friday											07 Without Pay			
Week: 3	Date	Start Time	Lunch Begin	Lunch End	Add'l Start Time	Add'l Stop Time	Ending Time	Hours Worked	Leave Type	Leave Hours	Total Hours for Week			
Saturday											Regular	Overtime	Leave	Total
Sunday														
Monday														
Tuesday											01 Sick (S)		Holiday (H)	
Wednesday											20 Vacation (V)		Other (O)	
Thursday											28 Bonus (B)		Specify Type	
Friday											07 Without Pay			
Week: 4	Date	Start Time	Lunch Begin	Lunch End	Add'l Start Time	Add'l Stop Time	Ending Time	Hours Worked	Leave Type	Leave Hours	Total Hours for Week			
Saturday											Regular	Overtime	Leave	Total
Sunday														
Monday														
Tuesday											01 Sick (S)		Holiday (H)	
Wednesday											20 Vacation (V)		Other (O)	
Thursday											28 Bonus (B)		Specify Type	
Friday											07 Without Pay			
Week: 5	Date	Start Time	Lunch Begin	Lunch End	Add'l Start Time	Add'l Stop Time	Ending Time	Hours Worked	Leave Type	Leave Hours	Total Hours for Week			
Saturday											Regular	Overtime	Leave	Total
Sunday														
Monday														
Tuesday											01 Sick (S)		Holiday (H)	
Wednesday											20 Vacation (V)		Other (O)	
Thursday											28 Bonus (B)		Specify Type	
Friday											07 Without Pay			

I hereby certify that this is a true and accurate representation of all hours that I have worked for Guilford County Board of Education in the designated workweeks and I have read and understand the FLSA and GCBOE compensatory time guidelines as shown.

Employee's Signature _____ Date _____

I hereby certify that to the best of my knowledge this is a true and accurate representation of all hours that this employee has worked in the designated workweeks.

Supervisor's Signature _____ Date _____

NOTE(S): Employees working in more than one job classification must complete a separate time sheet for each job/position. Any changes must be initialed by both the employee and the supervisor. Leave must be taken in whole or half-day increments. Pursuant to the Fair Labor Standards Act (FLSA), the Guilford County Board of Education (GCBOE) grants compensatory time-off to non-exempt employees in lieu of overtime pay for time worked in excess of 40 hours in any workweek. The GCBOE has established a time frame of 12:01am Saturday morning until midnight Friday as the workweek for non-exempt employees.

I understand that I must obtain my supervisor's express written authorization to work overtime prior to working in excess of 40 hours in any workweek. I understand that I will earn compensatory time at a rate of not less than one and one-half (1.5) hours for each one hour of overtime worked. Leave (sick/vacation/holiday/other) is NOT to be counted as time worked for overtime or compensatory time computations. I further understand that I will be allowed to use compensatory time within a reasonable period after requesting such use. However, I also understand that pursuant to applicable FLSA regulations, the GCBOE may require me to use the compensatory time within a certain period, may prohibit the use of compensatory time on certain days, may require that compensatory time be paid out after a particular time period or may otherwise limit the use of compensatory time. I understand that (a) compensatory time will be used in lieu of overtime pay for time worked in excess of 40 hours in any work week and (b) that the use of compensatory time in lieu of overtime pay for time worked in excess of 40 hours in any workweek is a requirement of continued employment with the district/GCBOE.