

		Sort #
Employee ID	Employee Name	Pay Period
Location:		Position:

Instructions (Detailed instructions are on the reverse side.)

1. Complete this timesheet daily in INK.
2. If you have more than one assignment at the same location, you will need to complete a separate timesheet for each assignment.
3. If you work at more than one location in a pay period, you must complete a separate timesheet for each location.
4. Use the worksheet portion of this form to track the start and end times of your work (and absences if applicable). Do not count time taken for lunch periods, breaks, etc., as hours worked.
5. Report all hours worked including overtime that is not Outside Use of Building (ICB) or School Event in the row marked Daily Hours Worked. For hours that are to be reported as ICB or School Event, write the hours in the appropriate columns in the bottom portion of the form designated as ICB or School Event.
6. Absences that are allowed for specific types of temporary employees are to be completed in the Absences section. DO NOT include these hours in the Daily Hours Worked.

Get paid on time. DO NOT HOLD TIMESHEETS OR REPORT HOURS PAST THE SCHEDULED PAY PERIOD DATES. THIS COULD RESULT IN A DELAY OF PAY.

		WEEK ONE							WEEK TWO							COMMENTS	
		SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI		
WORKSHEET	A.M.	TIME															
		START															
	END																
	P.M.	START															
END																	

DAILY HOURS WORKED - Write the actual hours worked each day in the day columns below.																
DAILY HOURS WORKED	PAY CODE															BIWEEK TOTAL
	TPT															

ABSENCE HOURS - Write the absence hours in the day columns below.																
ABSENCE	PAY CODE															

OUTSIDE USE OF BUILDING (ICB) or School Event - Write the hours in the day columns below.																
ICB	PAY CODE															
Regular Rate																
Time and 1/2																

FRACTION OF HOUR

Report fractions of an hour:

MINUTES WORKED	REPORT TENTHS
0 - 05	.0
6 - 11	.1
12 - 17	.2
18 - 23	.3
24 - 29	.4
30 - 35	.5
36 - 41	.6
42 - 47	.7
48 - 53	.8
54 - 59	.9

ABSENCE PAY CODES

EMR	Emergency (lunch hour aides only)
SNA	Sick Leave
BIN	Bereavement Immediate
BON	Bereavement Other
HLN	Holiday Leave (Summer)

OUTSIDE USE OF BUILDING (ICB) AND SCHOOL EVENT PAY CODES

OUR	Outside Use at Regular Rate
OUP	Outside Use at Time and 1/2
SEP	School Event at Time and 1/2
SER	School Event at Regular Rate

SIGNATURES

This is to certify that I have worked the hours shown and that payment has not been received for any of the above hours. For employees funded by project(s) and grant(s), I certify that I worked on such grant activities.

Employee _____ Mo. Da. Yr.

This is to certify that I have examined the above report and found it to be correct. It has been completed in accordance with MCPS policies and procedures. For employees funded by project(s) and grant(s), I certify that the employee worked on such grant activities.

Supervisor _____ Mo. Da. Yr.