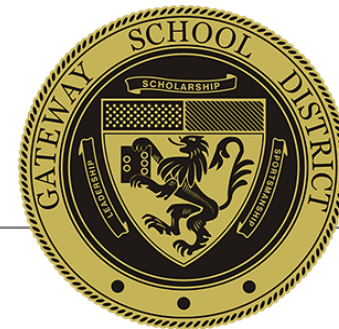


# Gateway School District



## Employee Time Record

Employee Name: \_\_\_\_\_ Employee Position: \_\_\_\_\_

Building: \_\_\_\_\_ Budget Code: \_\_\_\_\_

DATE	REASON FOR ADDITIONAL PAY**	HOURS WORKED	RATE	COMMENTS
___/___/20__				
___/___/20__				
___/___/20__				
___/___/20__				
___/___/20__				
		<b>HRS.</b>	<b>\$</b>	<b>GROSS: \$</b>

**\*\*PLEASE NOTE THAT CLASS COVERAGES NEED TO INDICATE THE TEACHER'S NAME COVERAGE IS FOR AND THE CRITERIA MET PER ARTICLE 25.1.\*\***

Employee Signature: \_\_\_\_\_ Approving Administrator Signature: \_\_\_\_\_

INCOMPLETE TIME RECORDS WILL DELAY PROCESSING. INSTRUCTIONS: BUILDING PRINCIPAL OR SUPERVISOR, PROVIDE 1 COPY TO EE, 1 COPY FOR FILE, 1 COPY TO PAYROLL. TIME REPORTS NOT DELIVERED TO PAYROLL BY 4:00 PM OF THE 1ST AND 3RD FRIDAY WILL BE DEFERRED TO SUBSEQUENT PAY PERIODS FOR PROCESSING.