

# Baldwin-Whitehall School District

4900 Curry Road, Pittsburgh PA 15236-1817

## Time Sheet Teacher - ESY

Name \_\_\_\_\_ Position \_\_\_\_\_

Building \_\_\_\_\_ Pay period beginning \_\_\_\_\_ ending \_\_\_\_\_  
[Sunday] [Saturday]

		<i>Regular Scheduled Time</i>			<i>Extra Hours/Overtime</i>			
		Time		Total Hours	Time			Total Hours
Day	Date	Start	End		Start	End	Reason	
Sun.								
Mon.								
Tues.								
Wed.								
Thur.								
Fri.								
Sat.								
<b>Line A:</b>	Total Reg. Scheduled Hours Week 1				<b>Line C:</b>	Total Extra/O.T. Hours Week 1		
Sun.								
Mon.								
Tues.								
Wed.								
Thur.								
Fri.								
Sat.								
<b>Line B:</b>	Total Regular Scheduled Hours Week 2				<b>Line D:</b>	Total Extra/O.T. Hours Week 2		
<b>Line A + Line B:</b>		<b>Total Regular Scheduled Hours Weeks 1 and 2</b>			<b>Line C + Line D:</b>		<b>Total Extra/O.T. Hours Weeks 1 and 2</b>	
<b>Office Use Only</b>		Total Regular Scheduled Hours			Total Extra Hours		Total Overtime Hours	

Do not write in any shaded areas.

I hereby certify that this is a true statement of the time actually worked.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Approval

Principal/Supervisor \_\_\_\_\_ Date \_\_\_\_\_

**Directions:**

Each employee must complete this time sheet on a daily basis and indicate the time he/she started and finished work for the day. Employees directed to work extra hours on any date shall indicate the time started and finished for the overtime/extra-time period and the reason for the overtime/extra-time hours. Only hours in excess of 40 in a seven-day period shall be paid at time and one-half. All overtime and extra-time must be approved in advance by the Principal/Vice Principal.

Employees absent on any regularly scheduled workday shall indicate the reason for the absence (for example, sick, personal leave, funeral leave, vacation, etc.) in the time columns. The Certificate of Absence Form on Page 2 of the Time Sheet shall be completed for each day of absence. The Time Sheet must be submitted to the Principal's office the first workday immediately following the last day of the pay period.

**Certificate of Absence**  
*Teachers - ESY*

Date(s) of Absence	Reason for Absence (check one)			
	Sick Leave	Personal Leave	Funeral Leave Death of	Other (Specify)

I hereby certify that the above absences are taken in accordance with the provisions of the collective bargaining agreement between the Baldwin-Whitehall School District and the Baldwin-Whitehall Service Employees Association.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
Supervisor

**Directions:**

This form must be completed for **all** absences. Failure to complete this form may result in pay being withheld for absences which are eligible for pay.

For any absence due to illness in excess of five (5) days, the employee must attach a Doctor's Certificate indicating that the employee is able to return to work.

All personal leave and vacation leave must be approved in advance in accordance with the provisions of the collective bargaining agreement.