

**WABASH CITY SCHOOLS  
SUPPORT STAFF TIME SHEET**

Pay Week \_\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_  
Employee Name \_\_\_\_\_

DATE	ACTUAL HOURS WORKED		PTO Hrs.	Bereavement Day/Hrs.	Vacation Day/Hrs. (12 month employee)	Misc. (Elearning) Day/Hrs.	Holiday
	Day	Date					
M							
TU							
W							
TH							
F							
SAT							
SUN							

**Total Hours** \_\_\_\_\_  
**Hours at Time & One-Half** \_\_\_\_\_

Comments/Notes: \_\_\_\_\_

I hereby certify that this is a true and accurate time record report.

(Employee Signature) \_\_\_\_\_

ADM OFFICE USE ONLY

PTO Time \_\_\_\_\_ Total Hrs. \_\_\_\_\_  
Bereavement Time \_\_\_\_\_ Regular Hrs. \_\_\_\_\_  
Vacation Time \_\_\_\_\_ OT Hrs. \_\_\_\_\_  
Not OT Hrs. \_\_\_\_\_

(Supervisor) Signature \_\_\_\_\_

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Not OT Hrs. \_\_\_\_\_

(Supervisor) Signature \_\_\_\_\_