

NORTON CITY SCHOOLS NON-CERTIFIED TIME REPORT

NAME _____

BUILDING _____

PAYDAY _____

DAY	DATE	TIME IN	TIME OUT	REGULAR HOURS	SICK LEAVE	VACATION	PERSONAL LEAVE	TOTAL STRAIGHT TIME	OVER-TIME	EXPLANATION*
SUN										
MON										
TUE										
WED										
THU										
FRI										
SAT										
SUN										
MON										
TUE										
WED										
THU										
FRI										
SAT										
TOTAL STRAIGHT TIME HOURS										TOTAL OVERTIME HOURS

TYPE OF ABSENCE	TOTAL DAYS	DATES & REASON OF ABSENCE
PERSONAL ILLNESS		
FAMILY ILLNESS		
SPOUSE ILLNESS		
DEATH FAMILY & OTHER		
AUTHORIZED LEAVE		
JURY DUTY		
CALAMITY DAYS		
MILITARY LEAVE		
PROFESSIONAL LEAVE		
TERMINATION-BENEFITS		
VACATION		
SABBATICAL LEAVE		
CHANGE OF DUTIES		
OTHER		

EMPLOYEE SIGNATURE

SUPERVISOR'S SIGNATURE