

# Mineral Point School District

## Weekly Time Sheet

Employee: \_\_\_\_\_

Week ending date:

If Subbing, who are you are subbing for: \_\_\_\_\_

**PLEASE MAKE SURE TO ENTER EACH CALENDAR DATE BELOW AND YOUR HOURS THAT YOU WORKED EACH DAY.**



Day	Calendar Date	Hours Worked (Example: 7:30-4:00)	Regular Hours	Bereavement	COVID-19 or Emergency	Holiday or Snow Day	Loss of Pay	Personal	School Business or Substitute	Staff Leave	Vacation	Total
Sunday												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
		<b>Total Hours</b>										

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal/Director of Pupil Services Signature

\_\_\_\_\_  
Date