

Licking Valley Local School District
Time and Absence Sheet

Employee: _____

Pay Date: _____

Department: _____

Supervisor: _____

Date	Time In	Time Out	Hours	Sick	Personal	Vacation	Total
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

Total Hours: _____ Rate: _____ Reason for Absence: _____

Overtime Explanation: _____

Employee Signature: _____ Supervisor Signature: _____

TO BE COMPLETED BY ASSISTANT TREASURER:

Regular Hours: _____ OT Hours: _____ Rate: _____ Total Gross: _____