SCHOOL DISTRICT OF NORTH FOND DU LAC TIME REPORT

Employee___

Pay Period Ending_____

Employee Signature_____



Description/Duty/T imes Subbing DAYS DATE Curriculum Other Sunday Monday Tuesday Wednesday Thursday Friday Saturday Sunday Monday Tuesday Wednesday Thursday Friday Saturday Sunday Monday Tuesday Wednesday Thursday Friday Saturday Please indicate in remarks anything other than Total: regular pay. Example sick pay, vacation pay, holiday pay, curriculum, or staff development O.T./Other Hours:

Supervisor's Signature: _____

All overtime must be approved by the District Administrator, or his/her designee, in advance.