

**BLACKSTONE-MILLVILLE REGIONAL SCHOOL DISTRICT
Custodial Time Sheet**

Name _____ Date of Payroll _____

School _____ Department _____

	Date	Time In	Time Out	Less Lunch	Total Hours	Overtime	Reason
Saturday							
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							

	Date	Time In	Time Out	Less Lunch	Total Hours	Overtime	Reason
Saturday							
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							

Total **0.00** hours

Regular: _____ x _____ per hour

Overtime: _____ x _____ per hour

Other: _____ x _____ per hour

KINDLY SIGN IN ON A DAILY BASIS AND GIVE REASON IF ABSENT ON ANY GIVEN DAY.

NOTE: Time sheet must be authorized by the building principal and signed by the employee prior to submission to the superintendent's office. Unsigned or incomplete time sheets will be returned and payment may be delayed.

Employee's Signature

School Building Principal's Signature