SPRINGFIELD PUBLIC SCHOOLS
RETIREE TIME REPORT

Employee's Name: _____ Emp #: _____
(Last) *(First)* *(M.L)*

Location: _____ _____ Assignment_____ Date Submitted:_____

Week Ending:

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
Time In								
Time Out								***Total Hrs***
Hours Worked								

Week Ending:

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
Time In								
Time Out								***Total Hrs***
Hours Worked								

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	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
Time In								
Time Out								***Total Hrs***
Hours Worked								

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Time In								
Time Out								***Total Hrs***
Hours Worked								

Week Ending:

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
Time In								
Time Out								***Total Hrs***
Hours Worked								

Total Hours This Pay Period: _____

Employee Signature_____***Date***_____***Principal/Administrator Signature***_____***Date***____

INSTRUCTIONS:

1. Complete one form per employee per pay period, not a separate form for each assignment or week. More forms may be submitted if additional space is needed.
2. Send to the Payroll Office at the end of the last FULL WEEK in the payroll period.
3. Hours should be reported to the next highest quarter-hour.
4. Timesheet MUST be signed by Principal or Administrator prior to being submitted to payroll.