



Relief Caretaker Time Sheet

Name: _____

School: _____

Month/Year: _____

Date	Time In	Time Out	Regular Hours	Premium Hours	OverTime Hours	Reason for Overtime/ Comments
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						

<input type="checkbox"/>	Please Bank OverTime
<input type="checkbox"/>	Please Pay out OverTime

Employee's Signature

Authorization ***

*** See over

Authorization

<u>Employee Category</u>	<u>Primary Authorizer</u>	<u>Secondary Authorizer</u>
Caretaker	Head Caretaker	Principal
Head Caretaker	Principal	Maintenance Coordinator
Maintenance Worker	Maintenance Coordinator	n/a

Overtime

Where practicable (non-emergency overtime), pre-authorization of overtime should be obtained from the primary authorizer