		NON-TE	EACHING CA	SUAL "TIME	SHEET"		
NAME				OCCUPATION DATE			
SCHOOL							
Insert hours w	orked under d	ay of week					
Week Of	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Hours
Charge To:				Replacement For:			
 ☐ Sick ☐ Vacation ☐ LOA ☐ Other: 				Name:			
Regular Time:							
Overtime:@							
Employee Signature				Supervisor Signature			
Division Adr	ninistrator's S	ignature					