

HARRISON PUBLIC SCHOOLS
Employee Time Request

Please Check One: Reg. Time _____ Extra Time _____ Comp Time _____ Overtime _____

Employee Name _____ Hours Per Week _____

School _____ Dept. _____ Title _____

10 Month _____ 12 Month _____ Payroll Period ____/____/____ to ____/____/____

Date	Weekday	Reason Worked	Hours Worked	Rate	Total
/ /			to		
/ /			to		
/ /			to		
/ /			to		
/ /			to		
/ /			to		
/ /			to		
/ /			to		
/ /			to		
/ /			to		

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Do Not Write Below This Line

Payroll Dept. Signature _____ Date _____

Total Hours _____ x Rate _____ =\$ _____

Comments _____

Business Administrator Signature _____ Date _____