

ELGIN INDEPENDENT SCHOOL DISTRICT FLSA TIMESHEET

Employee Name: _____ Employee #: _____ Position: _____

Campus/Dept: _____ Week of: _____ Work Hours: _____

For the purposes of FLSA compliance, the workweek for District employee's shall be 12:00 a.m. Saturday until 11:59 p.m. Friday.

	Date	Time In	Time Out	Time In	Time Out	Time In	Time Out	Total
SATURDAY								
SUNDAY								
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
TOTAL								

I certify this is an accurate record of the actual hours worked.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Straight Time: _____	
Over Time: _____	
x 1.5 = _____	
TOTAL _____	
ENTERED: _____	
Comptime Balance	
Balance Forward: _____	
(minus) used: _____	
(plus) earned: _____	
New Balance: _____	

OVERTIME AUTHORIZATION (Requires supervisor approval)	
Project:	_____
Estimated number of overtime hours for this week:	_____
Approved: _____	Date: _____
Comments:	_____