SPRINGFIELD PUBLIC SCHOOLS RETIREE TIME REPORT

mployee's Name:_						_ Emp ID #: _		
	(Last)		(First)		(M.L)			
_ocation:	As	ssignment		Date Su	bmitted:			
	Sun We	eek Ending: Mon	Tues	Wed	Thurs	Fri	Sat	
Time I n	Sull	IVIOIT	Tues	weu	Tiluis	ГП	Jai	
Time Out								
Hours Worked								Total Hrs
Hours Worked								
	We	eek Ending:						
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
Time In								
Time Out								Total Hrs
Hours Worked								
	Sun Sun	eek Ending: Mon	Tues	Wed	Thurs	Fri	Sat	
Time In	Ouri	WOIT	1003	vvcu	Titulo	111	<u> </u>	
Time III Time Out								 Total Hrs
Hours Worked								TotalTils
Hours Worked								
	147.	l. 						
	Sun	eek Ending: Mon	Tues	Wed	Thurs	Fri	Sat	
Time I n	Jun	111011	1400	7700	111010			
Time Out								Total Hrs
Hours Worked								
	We	eek Ending:						
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
Time In			_					
Time Out								Total Hrs
Hours Worked								
					Total H	ours This Pa	y Period:	
Employee Signature			Date	— — Princ	Principal/Administrator Signature Da			
INCTELLETIONS					•	J		

- 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.
 Send to the Payroll Office by the MISCELLANEOUS PAY CUT-OFF DATE. This date is the first Sunday of the first week of the
- 3. Hours should be reported to the next highest quarter-hour.