

Revised 12/4/2024

CUSTODIAL TIME SHEET

NAME: _____ BUILDING ASSIGNMENT: _____

WEEK OF: _____ SUBSTITUTE: _____

DAY OF WEEK	ACTUAL TIME WORKED		TOTAL REGULAR HOURS	OVERTIME HOURS WORKED (1 ½)		TOTAL OVERTIME HOURS	SUB HEAD CUST HOURS	OVERTIME (DOUBLE)		OVERTIME (STRAIGHT TIME)	EVENT OR LOCATION FOR OVERTIME
	IN	OUT		IN	OUT			IN	OUT		
MONDAY											
TUESDAY											
WEDNESDAY											
THURSDAY											
FRIDAY											
SATURDAY											
SUNDAY											
TOTAL											

EMPLOYEE'S SIGNATURE: _____ ACCT/REF# _____

ADMINISTRATOR'S SIGNATURE: _____ DATE: _____

NOTES: _____

HOURS THAT SHOULD BE CHARGED BACK FOR ANY FACILITY RENTALS. _____

NOTE: You need to indicate who approved overtime and where it was located at.