FCPS TIME SHEET

LAST NAME			FIRST NAME		MI		EMPLOYEE ID #	

SCHOOL / DEPT			MONTH			YEAR	

EMPLOYEE STATUS (CHECK ONE)

☐ 12 Month Regular Employee ☐ 10 Month Regular Employee
☐ 11 Month Regular Employee ☒ Non-benefitted Employee

Position / Title: **Substitute**

Date Worked	Account	Fund	Dept. ID	Program	Class	Project	Regular Hourly Rate	Approved Hourly Rate	Description of Work Performed (Substituting for:)	*TRC	Time In	Time out	Comp Hours	**Hours Worked
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**System will calculate if hours are overtime

TOTAL:

The Employee ID and hours reported on this timesheet have been verified for accuracy. Our system will convert hours in excess of 40 hours worked to overtime, unless exception applies.

Employee Signature: _____ Date _____

Approval Signature: _____ Date _____

Approval Signature: _____ Date _____

*Time Report Codes
AUX: Auxillary Custodian
CMP: Comp Time Paid
EWK: Emergency Callback (use for snow removal also)
HWK: Holiday Worked
INT: Interpreters (two-hour minimum paid)
OUG: Outside User Group
SAS: Sick and Safe Leave (for non-benefitted employees only)
SIT: School Improvement Team
SUP: Supplemental (per diem paid)
WMD: Workshop Presenter
WSI: Workshop Instructor
WSP: Workshop Participant (Certified Personnel)
WSS: Worskhop Support Personnel