

ESSEXVILLE-HAMPTON PUBLIC SCHOOLS

Hourly Work Report/Personnel Activity Report Clerical/Secretarial/Library

Name _____ School of Employment _____

Beginning Time _____ Ending Time _____

Week Ending ____/____/____

Key: PVD - Paid Vacation Day PH - Paid Holiday
PPD - Paid Personal Day PS - Paid Sick
UPD - Unpaid Day NS - No School

Job Description/
Department

	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours

Week Ending ____/____/____

Total Week 1 Hours _____

Job Description/
Department

	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours

* I certify that this report represents a true recording of effort expended for the period indicated and that I have full knowledge of those activities.

Total Week 2 Hours _____

Total Report Hours _____

SIGNATURE REQUIRED _____

SUPERVISOR/PRINCIPAL _____

DO NOT WRITE BELOW THIS LINE
