



**ESSEXVILLE-HAMPTON PUBLIC SCHOOLS
HOURLY WORK REPORT
MAINTENANCE**

NAME _____ SCHOOL _____

STARTING TIME: _____ ENDING TIME _____

WEEK ENDING ____/____/____

SHIFT	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL HRS.
REGULAR HOURS								
OVERTIME								

TOTAL HOURS FOR THE WEEK _____

WEEK ENDING ____/____/____

SHIFT	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL HRS.
REGULAR HOURS								
OVERTIME								

VAC PAID VACATION DAY
PERS PAID PERSONAL DAY
SICK PAID SICK DAY

TOTAL HOURS FOR THE WEEK _____

TOTAL BI-WEEKLY HOURS _____

OFFICE USE ONLY BELOW

Authorized Signature