Gahanna-Jefferson Public Schools
Certificated Employee Time Report

Name: _____ Building: _____

Activity/Duty Performed: _____

Date	Day of Week	Time In	Time Out	Total Hours	Classroom coverage for whom? (if applicable)

*****NOTE: Time sheets for the purpose of covering another teacher's classroom are due within 14 days of the coverage date. Time sheets are due by the 10th of each month to be paid on the 25th.*****

_____ _____
Employee's Signature Date

_____ _____
(Assistant) Principal's Signature Date

_____ _____
Superintendent's Signature (or Designee) Date

Account Code: _____ ***FOR OFFICE USE ONLY*** *Board Approval Date (if applicable):* _____