

WORK STUDY for NCKSEC Interlocal #636

P.O. Box 369

Phillipsburg, KS 67661

Phone: 785-543-2149 Fax: 785-543-6654

EMPLOYEE NAME _____ **SCHOOL DISTRICT USD #** _____

SUPERVISING TEACHER _____ **ES** **MS/JH** **HS** **MONTH ENDING** _____ **20** _____

Week of:		Monday		Tuesday		Wednesday		Thursday		Friday		Weekly Totals	Date & Reason for Absence
		Hr.	Min.	Hr.	Min.	Hr.	Min.	Hr.	Min.	Hr.	Min.		
AM	IN												
	OUT												
PM	IN												
	OUT												
Time Worked Each Day													
Week of:		Monday		Tuesday		Wednesday		Thursday		Friday			
		Hr.	Min.	Hr.	Min.	Hr.	Min.	Hr.	Min.	Hr.	Min.		
AM	IN												
	OUT												
PM	IN												
	OUT												
Time Worked Each Day													
Week of:		Monday		Tuesday		Wednesday		Thursday		Friday			
		Hr.	Min.	Hr.	Min.	Hr.	Min.	Hr.	Min.	Hr.	Min.		
AM	IN												
	OUT												
PM	IN												
	OUT												
Time Worked Each Day													
Week of:		Monday		Tuesday		Wednesday		Thursday		Friday			
		Hr.	Min.	Hr.	Min.	Hr.	Min.	Hr.	Min.	Hr.	Min.		
AM	IN												
	OUT												
PM	IN												
	OUT												
Time Worked Each Day													
												Monthly Total	

In order that we may comply with the Wage-Hour Law, each employee is required to fill in the time worked each day and turn in this sheet at the end of the month. If called away during working hours, notation of this time should be made in the reason for absence column.

Employee Signature _____

Administrator Signature _____