

# Fairfield Local Schools

# Director of Technology

Employee Name: \_\_\_\_\_

Pay Period Ending: \_\_\_\_\_

Pay Date: \_\_\_\_\_

DAY	DATE	START	STOP	TOTAL
Week #1 of 2	MM/DD/YYYY	Time	Time	Hours
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
			<b>TOTAL WEEK #1</b>	
Week #2 of 2				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
			<b>TOTAL WEEK #2</b>	
			<b>GRAND TOTAL</b>	

**THE SIGNATURES BELOW CERTIFY THIS TO BE A TRUE STATEMENT OF THE ACTUAL HOURS WORKED ON THE JOB EACH DAY DURING THE PAY PERIOD. I UNDERSTAND THAT FALSIFICATION OF THIS INFORMATION COULD BE GROUNDS FOR IMMEDIATE DISMISSAL. I have reviewed the Pay Date Calendar information regarding due dates and employee information.**

Required Signatures: \_\_\_\_\_  
Employee

\_\_\_\_\_  
Supervisor/Date (Signature indicates review and approval)

The day for Director of Technology consists of 8 hours with no time deducted for lunch.

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