

Wright School District Comp Time Sheet

Employee Name: _____ SSN: _____

Position: _____ School: _____

Month: _____ Year: _____

Regular Daily Schedule: Start _____ End _____

Date	Description of Work	Time Worked		Total Hours
1 st	_____	_____	to _____	_____
2 nd	_____	_____	to _____	_____
3 rd	_____	_____	to _____	_____
4 th	_____	_____	to _____	_____
5 th	_____	_____	to _____	_____
6 th	_____	_____	to _____	_____
7 th	_____	_____	to _____	_____
8 th	_____	_____	to _____	_____
9 th	_____	_____	to _____	_____
10 th	_____	_____	to _____	_____
11 th	_____	_____	to _____	_____
12 th	_____	_____	to _____	_____
13 th	_____	_____	to _____	_____
14 th	_____	_____	to _____	_____
15 th	_____	_____	to _____	_____
16 th	_____	_____	to _____	_____
17 th	_____	_____	to _____	_____
18 th	_____	_____	to _____	_____
19 th	_____	_____	to _____	_____
20 th	_____	_____	to _____	_____
21 st	_____	_____	to _____	_____
22 nd	_____	_____	to _____	_____
23 rd	_____	_____	to _____	_____
24 th	_____	_____	to _____	_____
25 th	_____	_____	to _____	_____
26 th	_____	_____	to _____	_____
27 th	_____	_____	to _____	_____
28 th	_____	_____	to _____	_____
29 th	_____	_____	to _____	_____
30 th	_____	_____	to _____	_____
31 st	_____	_____	to _____	_____

Authorized Signature _____

For District Use

Total Hours: _____

If Applicable, Hours X 1.5: _____

Total Hours on District Books: _____