

Revised 9/1/2022

# CUSTODIAL TIME SHEET

NAME: \_\_\_\_\_ BUILDING ASSIGNMENT: \_\_\_\_\_

WEEK OF: \_\_\_\_\_ SUBSTITUTE: \_\_\_\_\_

DAY OF WEEK	ACTUAL TIME WORKED		TOTAL REGULAR HOURS	OVERTIME HOURS WORKED (1 ½)		TOTAL OVERTIME HOURS	SUB HEAD CUST HOURS	OVERTIME (DOUBLE)		OVERTIME (STRAIGHT TIME)	EVENT OR LOCATION FOR OVERTIME
	IN	OUT		IN	OUT			IN	OUT		
MONDAY											
TUESDAY											
WEDNESDAY											
THURSDAY											
FRIDAY											
SATURDAY											
SUNDAY											
TOTAL											

EMPLOYEE'S SIGNATURE: \_\_\_\_\_ ACCT/REF# \_\_\_\_\_

ADMINISTRATOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTES: \_\_\_\_\_

HOURS THAT SHOULD BE CHARGED BACK FOR ANY FACILITY RENTALS. \_\_\_\_\_

**NOTE: You need to indicate who approved overtime and where it was located at.**