LEXINGTON SCHOOLS

Supervisor signature

FOR TREASURER'S OFFICE USE ONLY

Total Substitute hours _____ at rate of \$____ = \$_

Total Straight-Time hours _____ at rate of \$___

Total Over-Time hours _____ at rate of \$___

8/20/2015 Pay period end date: Any extra hours worked will be paid on the Employee: Sept 4, 2015 pay date Day Start Stop Total Regular Start Stop Total Over Time 8/6/2015 Thursday 8/7/2015 Friday Saturday 8/8/2015 8/9/2015 Sunday 8/10/2015 Monday Tuesday 8/11/2015 Wednesday 8/12/2015 Thursday 8/13/2015 8/14/2015 Friday 8/15/2015 Saturday 8/16/2015 Sunday 8/17/2015 Monday Tuesday 8/18/2015 Wednesday 8/19/2015 8/20/2015 Thursday Employee signature Date

Pay period start date:

Date

8/6/2015