

LEXINGTON SCHOOLS

Pay period start date: 8/21/2024

Pay period end date: 9/5/2024

Employee: _____

Any extra hours worked will
be paid on the
Sep 20, 2024 pay date

| Day | | Start | Stop | Total Regular | Start | Stop | Total Over Time |
|-----------|-----------|-------|------|---------------|-------|------|-----------------|
| Wednesday | 8/21/2024 | | | | | | |
| Thursday | 8/22/2024 | | | | | | |
| Friday | 8/23/2024 | | | | | | |
| Saturday | 8/24/2024 | | | | | | |
| Sunday | 8/25/2024 | | | | | | |
| Monday | 8/26/2024 | | | | | | |
| Tuesday | 8/27/2024 | | | | | | |
| Wednesday | 8/28/2024 | | | | | | |
| Thursday | 8/29/2024 | | | | | | |
| Friday | 8/30/2024 | | | | | | |
| Saturday | 8/31/2024 | | | | | | |
| Sunday | 9/1/2024 | | | | | | |
| Monday | 9/2/2024 | | | | | | |
| Tuesday | 9/3/2024 | | | | | | |
| Wednesday | 9/4/2024 | | | | | | |
| Thursday | 9/5/2024 | | | | | | |

Employee signature

Date

Supervisor signature

Date

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 \$ _____ = \$ _____ |