

# Byron-Bergen Central School Maintenance/Building & Grounds Department

**Employee Name:**

*(Please Print)*

Week Ending _____						Week Ending _____						2 Week Total Hours	2 Week Total OT Hours
Date	Day of Week	Start	End	Hours	OT	Date	Day of Week	Start	End	Hours	OT		
	MONDAY						MONDAY						
	TUESDAY						TUESDAY						
	WEDNESDAY						WEDNESDAY						
	THURSDAY						THURSDAY						
	FRIDAY						FRIDAY						
	SATURDAY						SATURDAY						
	SUNDAY						SUNDAY						
<b>Total</b>													

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Supervisor's Approval**