

Veazie Community School

Bi-Weekly Attendance Record

This time report is in compliance with OMB A-87 attachment B paragraph 11H subsection 5

Employee Name: _____ Week Ending: _____

Employee Signature: _____ Position: _____

Date	AM Time In	AM Time Out	PM Time In	PM Time Out	Total Hours		Reason for Absence or Overtime
					Regular	Overtime	

I certify tha the above employee has worked the following hours this week and any absence or overtime is shown.

Total Regular Hours Worked _____ Hourly Rate _____ Total Pay _____

Total Overtime Hours Worked _____ Hourly Rate _____ Total Pay _____

Signature of Principal _____

Paid with Federal Budget Funds:

****Local Entitlement*** ☐

****PreK Local Entitlement*** ☐

**Time worked in this area is funded fully or in part by a Federal Grant and therefore may be eliminated based on lack of funding from the grant*