

**RIVERSIDE LOCAL BOARD OF EDUCATION
STATEMENT OF LABOR OR SERVICES**

Month: _____, 20 _____

Employee Name _____

Description of the job or work done: _____

Building _____

Time approved by Principal or Supervisor _____

Hours of Work			Name of Employee You Worked For (If Applicable)	Straight Time	Overtime	Other	Sick Leave	Total
Date	Begin	Stopped						
ANY TIME TAKEN FOR LUNCH MUST BE SUBTRACTED FROM HOURS AND NOTED ON TIMESHEET								
			TOTAL					

NOTE: This form should be accompanied by an absence form when the employee has been absent for anything.

Employee Signature _____

Employee signature certifies the accuracy of the above account of hours worked.

TIME TABLE	
5 min. = .08	35 min. = .58
10 min. = .17	40 min. = .67
15 min. = .25	45 min. = .75
20 min. = .33	50 min. = .83
25 min. = .41	55 min. = .91
30 min. = .50	60 min. = 1.00