UCPS - FACILITY USE TIMESHEET

SCHOOL: _____

GROUP USING FACILITY: _____

EMPLOYEE NAME: _____ **EXEMPT** ☐ **NON-EXEMPT** ☐

DAY / DATE	START TIME		STOP TIME			TOTAL HOURS WORKED		
(Mon / 1/20/13)	**1:00 PM**		**6:00 PM**			**5 hours**		

I hereby certify that this is a true and accurate representation of hours worked on behalf of UCPS for facility use.

Employee's Signature: _____ Date: _____

I hereby certify that this is a true and accurate representation of hours worked on behalf of UCPS for facility use.

Supervisor's Signature: _____ Date: _____

Payroll Code (if needed): _____

Central Services Use Only:

Instructional Technology & Operations Approval: _____

Updated - August 2013