BERKELEY COUNTY PUBLIC SCHOOLS – SUBSTITUTE
DAILY AND WEEKLY RECORD OF HOURS WORKED
In Compliance with Fair Labor Standards Act and WV Minimum Wage Law

EMPLOYEE_____EMPLOYEE ID.#_____

LOCATION_____ POSITION_____

Day of the Week	Date	Beg. Time Hour/ Min	Ending Time Hour/ Min	Extra-Duty Hours Worked	Hours Worked	Name of Employee Absent
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
				Total Hours		

Day of the Week	Date	Beg. Time Hour/ Min	Ending Time Hour/ Min	Extra-Duty Hours Worked	Hours Worked	Name of Employee Absent
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
				Total Hours		

-Actual Extra-Duty Hours Must Be Listed Below-

Day of the Week from Above	Date	Beg. Time	Ending Time	Total

I hereby certify that this is a true and accurate representation of all hours that I have worked on behalf of the Board of Education during the designated workweek.

_____

Employee's Signature Date

_____

Supervisor's Signature Date