

HOLLISTON PUBLIC SCHOOLS

BI-WEEKLY REPORT OF EARNINGS

(Paraprofessionals, Secretaries, Maintenance/Custodial)

Name: _____ School: _____ Position: _____

Week Ending: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
Regular Hours						
Personal Day						
Sick/Emergency Day						
Bereavement Day						
Vacation						
Other ()						

Total Weekly Hours: _____

////////////////////////////////////

Week Ending: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
Regular Hours						
Personal Day						
Sick/Emergency Day						
Bereavement Day						
Vacation						
Other ()						

Total Weekly Hours: _____

Employee Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____