

OXFORD PUBLIC SCHOOLS

BUILDING USE TIME SHEET

**** THIS SECTION TO BE COMPLETED BY EMPLOYEE ****

Name of Employee: _____

Position: _____

Date of Activity: _____

Location: _____

Start Time: _____

End Time: _____

Total Hours Worked: _____

I hereby certify that I worked the date, time, and hours at the activity and location listed above.

Signature of Employee

Date

**** THIS SECTION TO BE COMPLETED BY ORGANIZATION'S RESPONSIBLE PERSON ****

I hereby certify that the above-named individual worked the date, time, and hours indicated above.

Signature of Organization's Responsible Person

Date

Name of Organization

**** FOR PAYROLL USE ONLY ****

Personnel Fees Received from Organization: YES _____ NO _____

Employee Time Worked was Verified: YES _____ NO _____

Employee Paid for Hours Worked: YES _____ NO _____

Processed By: _____

Date: _____