



**LOYALSOCK TOWNSHIP SCHOOL DISTRICT
BI-WEEKLY SALARIED EMPLOYEE**

PAYROLL USE ONLY PAYROLL PAY DATE:

NAME: _____

PAY PERIOD END DATE: _____

BUILDING: _____

POSITION: _____

DAY	DATE	AM	PM	NOTES
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

If you are not available for work, please note type of leave by using the following:

Sick, **P**ersonal, **V**acation, **H**oliday, **B**ereavement, **M**ilitary, **O**ther, **C**onference

Employee Signature

Approved by