## **LEXINGTON SCHOOLS**

Pay period start date: 4/3/2026
Pay period end date: 4/20/2026

|           | Any extra hours worked wi |
|-----------|---------------------------|
| Employee: | be paid on the            |
|           | May 5, 2026 pay date      |

| Day       |           | Start | Stop | Total Regular | Start | Stop | Total Over Time |
|-----------|-----------|-------|------|---------------|-------|------|-----------------|
| Friday    | 4/3/2026  |       |      |               |       |      |                 |
| Saturday  | 4/4/2026  |       |      |               |       |      |                 |
| Sunday    | 4/5/2026  |       |      |               |       |      |                 |
| Monday    | 4/6/2026  |       |      |               |       |      |                 |
| Tuesday   | 4/7/2026  |       |      |               |       |      |                 |
| Wednesday | 4/8/2026  |       |      |               |       |      |                 |
| Thursday  | 4/9/2026  |       |      |               |       |      |                 |
| Friday    | 4/10/2026 |       |      |               |       |      |                 |
| Saturday  | 4/11/2026 |       |      |               |       |      |                 |
| Sunday    | 4/12/2026 |       |      |               |       |      |                 |
| Monday    | 4/13/2026 |       |      |               |       |      |                 |
| Tuesday   | 4/14/2026 |       |      |               |       |      |                 |
| Wednesday | 4/15/2026 |       |      |               |       |      |                 |
| Thursday  | 4/16/2026 |       |      |               |       |      |                 |
| Friday    | 4/17/2026 |       |      |               |       |      |                 |
| Saturday  | 4/18/2026 |       |      |               |       |      |                 |
| Sunday    | 4/19/2026 |       |      |               |       |      |                 |
| Monday    | 4/20/2026 |       |      |               |       |      |                 |

| Employee signature    |                 |                |          | Date |   |
|-----------------------|-----------------|----------------|----------|------|---|
| Supervisor signature  |                 |                |          | Date |   |
| FOR TREASURER'S C     | OFFICE USE ONLY |                |          |      |   |
| Total Substitute      | hours           | at rate of \$_ | <br>= \$ |      | - |
| Total Straight-Ti     | me hours        | at rate of \$_ | <br>= \$ |      |   |
| Total Over-Time hours |                 | at rate of \$_ | = \$     | <br> | - |