Time Sheet

Campus: _____ Employee Position: _____

Name of Employee: _____ Month: _____ Year: _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Begin Work																																
Lunch Break																																
Return Time																																
End Work																																
Hours Worked																																
Overtime Hours																																
Leave																																
Vacation																																
Holiday																																
Extra Hours Non-Overtime																																
Total Hours Worked																																

Employee Signature_____ **Principal/Supervisor Signature**_____

Assistant Superintendent Signature_____

Your signature is verification that all information is correct. Falsification of time sheets will result in disciplinary action.