*ONLY COMPLETED LEGIBLE TIMESHEETS SUBMITTED BY THE DEADLINE WILL BE PROCESSED. A completed timesheet includes every applicable line completed which includes dates, hours or days, totaled hours/days and employee and administrator's signature and date. If your timesheet is not legible or not completed it will be returned and payment could be delaye

Time & Attendance Sheet

POSITION:



EMPLOYEE DAYTIME PH #: _____

Period beginning:_____& ending: _____

							-							-		
		Day 1	Day 2	Day 3	Day 4	Day 5			Day 6	Day 7	Day 8	Day 9	Day 10	I		
DAY:	SUN	MON	TUES	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT		
DATE:		['	['			[!	['			['		['	!	 		
SCHOOL CODE:																
TIME IN:																
LUNCH OUT:																
LUNCH IN:														 		
TIME OUT:																
HOURS or DAYS:															TOTAL REG HRS	TOTAL OT HRS
					Total Hrs/Days for week 1						Total Hrs/Days for week 2					

SUBSTITUTES: Please have an employee in the	ne front office sign below for the day worked at their site.	SCHOOL CODES:	SCHOOL CODES:				
Day 1:	Day 6:	MES PBES	SCES BES	MWMS DWMS			
		SRES	SES	MHS			
Day 2:	Day 7:	I CERTIFY THAT THE	E INFORMAT	ION CONTAINED	HEREIN IS		
Day 3:	Day 8:	COMPLETE AND AC	CURATE TO	THE BEST OF M	Y KNOWLEDGE.		
Day 4:	Day 9:						
Day 5:	Day 10:	Employee Signature			Date		
		Authorized Administrato	r's Signature		Date		

***Return to the Payroll Dept. located in the District Admin. Office - please follow district payroll schedule and deadlines.

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