Employee Name: _____
(Please Print)

Position: _____

District Name: _____

Rate of Pay: _____

GL/Budget Code: _____

Hourly/Daily Time Sheet

Day	Date	Start Time	End Time	Hours
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
			Wk 1 Subtotal	

Day	Date			Hours
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
			Wk 2 Subtotal	

PLEASE EMAIL OR FAX COMPLETED FORM TO:

Pay Period		Time Sheet Due	Pay Date
07/05/20	07/18/20	07/20/20	07/24/20
07/19/20	08/01/20	08/03/20	08/07/20
08/02/20	08/15/20	08/17/20	08/21/20
08/16/20	08/29/20	08/31/20	09/04/20
08/30/20	09/12/20	09/14/20	09/18/20
09/13/20	09/26/20	09/28/20	10/02/20
09/27/20	10/10/20	10/9/20*	10/16/20
10/11/20	10/24/20	10/26/20	10/30/20
10/25/20	11/07/20	11/06/20	11/13/20
11/08/20	11/21/20	11/23/20	11/27/20
11/22/20	12/05/20	12/07/20	12/11/20
12/06/20	12/19/20	12/18/20*	12/24/20*
12/20/20	01/02/21	01/04/21	01/08/21
01/03/21	01/16/21	1/15/21*	01/22/21
01/17/21	01/30/21	02/01/21	02/05/21
01/31/21	02/13/21	2/12/21*	02/19/21
02/14/21	02/27/21	03/01/21	03/05/21
02/28/21	03/13/21	03/15/21	03/19/21
03/14/21	03/27/21	03/29/21	04/02/21
03/28/21	04/10/21	04/12/21	04/16/21
04/11/21	04/24/21	04/26/21	04/30/21
04/25/21	05/08/21	05/10/21	05/14/21
05/09/21	05/22/21	05/24/21	05/28/21
05/23/21	06/05/21	06/07/21	06/11/21
06/06/21	06/19/21	06/21/21	06/25/21
06/20/21	07/03/21	07/05/21	07/09/21
07/04/21	07/17/21	07/19/21	07/23/21

Total Hours/Days: _____

For Pay Period Ending: _____

Employee Signature: _____

Date: _____

District Approval: _____

Date: _____