



# HOURLY TIME SHEET

*\* Attach all leave requests and additional documentation \**

Employee Name: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

Position Title: \_\_\_\_\_ Contact Number: \_\_\_\_\_

District \_\_\_\_\_ Student: \_\_\_\_\_

**\*\* Must be approved for payment \*\***

Approver Signature: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Day of Week	Date	Time	Time	Lunch	Time	Time	Total Hours
		In	Out		In	Out	
Mon							
Tues							
Wed							
Thr							
Fri							
Mon							
Tues							
Wed							
Thr							
Fri							
Mon							
Tues							
Wed							
Thr							
Fri							