

TIME SHEET

Employee: _____

From: ____/____/____

Department: _____

To: ____/____/____

										Totals		
Day	Morning		Afternoon				Overtime			Reg.	O.T.	Comp.
	In	Out	In	Out	In	Out	In	Out				
Sunday												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												

One Week Total: _____

FOR OFFICE USE ONLY

From: ____/____/____

Regular Hours: _____

SPED Hours

To: ____/____/____

Overtime Hours: _____

Team Para Hours

										Totals		
Day	Morning		Afternoon				Overtime			Reg.	O.T.	Comp.
	In	Out	In	Out	In	Out	In	Out				
Sunday												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												

One Week Total: _____

FOR OFFICE USE ONLY

Regular Hours: _____

SPED Hours

Overtime Hours: _____

Team Para Hours

Two Week Total: _____

Employee Signature: _____

Regular Hours: _____

Supervisor Signature: _____

Overtime Hours: _____

Comp. Hours: _____

SPED Hours: _____

Team Para Hours: _____