

Independent School District 273 TIME SHEET

Employee Name _____ Employee Number _____
(Last) (First) (MI)

Building and/or Department _____ Date _____

Expenditure code MUST be filled in.

FUND	ORG	PRG	FIN	CRS	OBJ	Total Hours	Rate
						_____	_____
						_____	_____

Date Worked	Start Time	Stop Time	Work Activity	Regular Hours	Overtime Hours	Paid Leave Hours
SUBTOTAL HOURS				Regular	Overtime	Paid Leave

I certify that I worked the hours as indicated above.

Employee Signature (Required)

APPROVAL:
 Supervisor _____
 Principal or
 Dept. Head _____