EMPLOYEE TIME SHEET

Name: _____ **Social Security #:** _____ **Weekly Salary:** _____

School: _____ **Period Beginning:** _____ **Ending:** _____ **Position:** _____

Date	Day	Regular Hours	Extra Hours	From-To	Reason for Extra Hours	Regular Extra-Hour Rate	Amount	Do Not Write in This Space
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Saturday							
	Sunday							
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Saturday							
	Sunday							
Total								Gross Wages for Week
								Gross Wages/2-Week Period

S - Sick Leave
H - Holiday
V - Vacation
P - Personal Leave

Employee Signature _____*Verified By* _____