**STAR CITY SCHOOL DISTRICT**

**2018-2019 Classified Weekly Timesheet**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME OF EMPLOYEE: |  | EMPLOYEE ID# |  |
|  |  |  |  |
| WORK WEEK ENDING: |  | POSITION: |  |
|  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE** | **LEAVE** | **START TIME** | **1st Break** | **LUNCH****OUT** | **LUNCHIN** | **2nd Break** | **DAY END** | **TOTAL HOURS** |
|  |  |  |  |  |  |  |  |  |  |  |
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Total Hours:

|  |  |
| --- | --- |
| Total Hours |  |
|  |  |
| (For Office Use Only) |

|  |  |
| --- | --- |
| SIGNATURE OF WORKER |  |
|  |  |
| The above worker's signature confirms that they have reviewed this timesheet and it accurately reflects the time that they have worked for the dates listed above. The minimum 30 minute duty free lunch will be unpaid. |
|  |  |
| SIGNATURE OF SUPERVISOR |  |
|  |  |
| DIRECTOR OF STUDENT SERVICES |  |
|  |  |