

Dundee Community Schools Time Sheet

Employee Name: _____

Bldg/Dept/Position: _____

Account #: _____

Date	Start	Finish	Start	Finish	Hours	Activity
MM/DD/YY	Time	Time	Time	Time		
Sun						
Mon						
Tues						
Wed						
Thurs						
Fri						
Sat						
Total Week #1						

Date	Start	Finish	Start	Finish	Hours	Activity
MM/DD/YY	Time	Time	Time	Time		
Sun						
Mon						
Tues						
Wed						
Thurs						
Fri						
Sat						
Total Week #2						

GRAND TOTALS	Hours Worked	Total Amount

(To be completed by business office)

Employee Signature: _____

Date: _____

District Signature: _____

Date: _____