

Dundee Community Schools Time Sheet

Employee Name: _____
 Bldg/Dept/Position: _____

Substituting for: _____
 Acct #: _____

**Times and totals should be written in quarter hours. For example: 5 hrs, 30 min = 5.5 hrs OR 3hrs, 45 min = 3.75 hrs, etc.*

DATE			Start	Finish	Start	Finish	Daily Total	Absent	Absent	Absent	Comment
MM	DD	YY	Time	Time	Time	Time	Hours	Sick Hrs	Personal Hrs	Vacation Hrs <small>(Secretarial Staff Only)</small>	
Hours Total Worked											
Grand Total Regular Hours (including sick, personal & vacation)											

Employee Signature: _____
 Supervisor Signature: _____
 Grant Supervisor Signature: _____
(if required)

