

SMACKOVER-NORPHLET SCHOOL DISTRICT

Classified Time Sheet

EMPLOYEE NAME _____ SOCIAL SECURITY NUMBER _____

PAYROLL WEEK _____ TO _____

	AM IN	AM OUT	PM IN	PM OUT	TOTAL HRS
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
EMPLOYEE SIGNATURE:					

	AM IN	AM OUT	PM IN	PM OUT	TOTAL HRS
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
EMPLOYEE SIGNATURE:					

	AM IN	AM OUT	PM IN	PM OUT	TOTAL HRS
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
EMPLOYEE SIGNATURE:					

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MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
EMPLOYEE SIGNATURE:					

	AM IN	AM OUT	PM IN	PM OUT	TOTAL HRS
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
EMPLOYEE SIGNATURE:					

EMPLOYEE SIGNATURE: _____ TOTAL HRS: _____

SUPERVISOR: _____ SUPERINTENDENT: _____