

WEST DE PERE SCHOOL DISTRICT TIME SHEET

NAME _____

SCHOOL _____

TOTAL HOURS WORKED _____ @ _____ PER HOUR = _____

DATE		DAY OF THE WEEK	TIME		TIME		# HOURS	COMMENTS
MONTH	DAY		IN	OUT	IN	OUT		
	1							
	2							
	3							
	4							
	5							
	6							
	7							
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	25							
	26							
	27							
	28							
	29							
	30							
	31							

EMPLOYEE SIGNATURE

SUPERVISOR SIGNATURE