UNIFIED SCHOOL DISTRICT OF DE PERE - HOURLY TIMESHEET

Empl	loyee Name (Please Print)				Pay Period	1/15 16/31	
Employee		Month		20 Year	-		
Employee : Please circ	cle correct dates.	MONIN) eur			
Date	Times Actually Work	ed*	# of hours	Job/	Time Off D	escripti	on**
1 or 16							
	Lunch:						
2 or 17							
	Lunch:						
3 or 18							
	Lunch:						
4 or 19							
	Lunch:						
5 or 20							
	Lunch:						
6 or 21							
	Lunch:						
7 or 22							
	Lunch:						
8 or 23							
	Lunch:						
9 or 24							
	Lunch:						
10 or 25							
	Lunch:						
11 or 26							
	Lunch:						
	Lunch:						
13 or 28							
	Lunch:						
14 or 29							
	Lunch:						
	Lunch:						
31							
	Lunch:						
	Total Ho	ours Paid					

Supervisor Signature

* If you work more than 6 hours per day, indicate lunch time.

** Brief description of work done ...Aide, Supervision...Crossing Guard, Playground Supervisor, or Sub for_____

IF TAKING PAID LEAVE, WRITE TYPE OF LEAVE BEING TAKEN UNDER DESCRIPTION COLUMN ON THE SAME LINE AS THE PAID LEAVE HOURS. WRITE TIMES WORKED ONLY IF YOU "WORKED". Revised 1/29/2010