

## Mansfield Independent School District Retiree Hourly Timesheet

Employee: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Campus: \_\_\_\_\_  
 Employee ID: \_\_\_\_\_

Pay Period	Month	Day	Year
Beginning			
Ending			

Date	Time		Lunch		Time		Loss		Time		Overtime		Total		Total		Employee
	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	Regular	Overtime	Initials		
1																	
2																	
3																	
4																	
5																	
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27																	
28																	
29																	
30																	
31																	
												Total Hrs					
												Wage Per Hr					
												Total Pay					

Employee Signature: \_\_\_\_\_  
 Budget Code: \_\_\_\_\_  
 Approved for Payment: \_\_\_\_\_

**Timesheets are to be completed in blue or black ink ONLY.**  
**Please be sure all time sheets are complete and properly approved for payment.**