

EMPLOYEE TIME SHEET

LEHIGHTON AREA SCHOOL DISTRICT Lehigh, Pennsylvania

This report is to be completed by employee and submitted by immediate supervisor to the Business Office for each two-week pay period.
Reports submitted the Monday following each pay day will be paid the following payday.

DATE	TIME		TIME OUT FOR LUNCH	NUMBER OF HOURS	BUILDING	POSITION
	FROM	TO				
TOTAL HOURS						

Print Employee Name: _____

Employee Signature: _____

Date: _____

Certification of Hours: _____
Immediate Supervisor

Date: _____

Approved for Payment: _____
Superintendent or Business Administrator

Date: _____