

OZARK R-VI SCHOOL DISTRICT TIME SHEET

Employee Name (Please Print): _____	Description/Department or Program of Service:
Signature of Employee:	Account Code:
Time Period:	Notes:

Supervisor please sign and review for accuracy

Day of Week	Date	Time In	Lunch In/Out	Time Out	Grand Total Each Day	Description
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Totals for Week

Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Totals for Week

Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Totals for Week

Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Totals for Week

Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Total Regular Hours

Totals for Week

HOURLY TIME SHEET

Supervisor Signature and Approval

If applicable mark rate of pay

PLEASE STATE RATE OF PAY: _____ circle one (daily or hourly)