



College Station Independent School District Timesheet

Name _____

Pay Period _____ to _____

Employee ID _____

Date (mm/dd/yy)		In	Out	In	Out	Regular Hours	Extra/OT Hours	Job Performed
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Saturday							
	Sunday							
Total:								
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Saturday							
	Sunday							
Total:								
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Saturday							
	Sunday							
Total:								
Period								
Total:								

*The additional time worked does not conflict with federally-funded activities of the District.
I certify that this timesheet is an accurate record of hours worked.*

Employee Signature

Date

Principal/Supervisor Signature

Date