

Idaho Falls School District 91 Monthly Time Sheet

Month _____ Year _____

EMPLOYEE NAME _____

BUILDING/SCHOOL _____

TIME CARD JOB TITLE _____

(What job are you being paid for with these hours)

Example: Teacher subbing for Teacher, Substitute, Grounds, Proctor, K-3, Transportation, Child Nutrition etc.

Instructions: Print the **number of hours worked** each day in each box.

USE DARK INK

	Weekly start date	Mon	Tue	Wed	Th	Fri	Total	
Week 1								
Week 2								
Week 3								
Week 4								
Week 5								
						Total		

EMPLOYEE SIGNATURE

SUPERVISOR SIGNATURE