INDEPENDENT SCHOOL DISTRICT #192
Farmington, MN 55024

TIME SHEET

Employee Name_____
(Last) (First) (Middle Initial)

Job Title_____ Job Location_____

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Building and/or Department: Expenditure code MUST be filled in.

FUND	ORG	PRG	FIN	OBJ	CRS

Hours Worked: _____ _____

Rate: _____ _____

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Date Worked	Time Started	Time Finished	Description of Work Activity	Number of Hours Worked (Excluding Lunch)

I certify that I worked the hours as indicated above

Total Hours Worked

Approval:

_____
Employee Signature

Supervisor's_____

Principal's/Dept. Head's_____

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PAYROLL DEPARTMENT:

Rec'd_____

Paid_____