

CLINTON COMMUNITY SCHOOL DISTRICT TIME SHEET

NAME: _____ **POSITION:** _____

WEEK OF:				WEEK OF:			
	LUNCH if applicable	SICK, VAC, PERS	TOTAL		LUNCH if applicable	SICK, VAC, PERS	TOTAL
IN	OUT	IN	OUT	IN	OUT	IN	OUT
MON				MON			
TUES				TUES			
WED				WED			
THURS				THURS			
FRI				FRI			
SAT				SAT			
SUN				SUN			
WEEKLY TOTAL:				WEEKLY TOTAL:			

FOR SUPERVISOR AND PAYROLL USE ONLY:

BIWEEKLY TOTAL		SUPERVISOR APPROVAL:	
REGULAR:	at \$	CODE:	
OVER TIME:	at \$	NOTES:	Retirement Hrs:
updated 8/10/2015			