

## LAKE STATION COMMUNITY SCHOOLS TIMESHEET

EMPLOYEE NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

Directions: Please complete your timesheet daily, sign and turn in to your building secretary on the FRIDAY preceding each payroll.  
Your signature below indicates that you have worked the hours/days indicated and you have completed this time sheet yourself.

PAY PERIOD BEGINNING: \_\_\_\_\_ ENDING: \_\_\_\_\_

Week One (1)

Date:	Date	Date	Date	Date	Date	Date	Total
Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Hours
Hours worked	Hours worked	Hours worked	Hours worked	Hours worked	Hours worked	Hours worked	

Week two (2)

Date:	Date	Date	Date	Date	Date	Date	Total
Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Hours
Hours worked	Hours worked	Hours worked	Hours worked	Hours worked	Hours worked	Hours worked	

I certify that the hours above are a true, accurate and complete listing of my hours worked for the period covered.

\_\_\_\_\_  
Signature of Employee

I hereby certify that I have examined the time record above and said employee has performed these services.

\_\_\_\_\_  
Signature of Principal or Supervisor