

# HURON CITY SCHOOLS Employee Time Sheet

NAME \_\_\_\_\_ Social Security No. \_\_\_\_\_

Building \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Cafeteria<br><input type="checkbox"/> Classroom Assistant<br><input type="checkbox"/> Clerical Aide<br><input type="checkbox"/> Custodian<br><input type="checkbox"/> Maintenance | <input type="checkbox"/> Mechanic<br><input type="checkbox"/> Secretary<br><input type="checkbox"/> Transportation<br><input type="checkbox"/> Other |
|--|--|

TWO WEEK PERIOD from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Date		Time						Regular	
		In	Out	In	Out	In	Out	Reg.	Extra Hrs.
	S								
	M								
	T								
	W								
	T								
	F								
	S								
	S								
	M								
	T								
	W								
	T								
	F								
	S								
Total									

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Authorization \_\_\_\_\_ Date \_\_\_\_\_

Treasurer's office \_\_\_\_\_