

## Hamilton Community Consolidated School District # 328 Employee Time Sheet

Employee Name \_\_\_\_\_

Pay Period \_\_\_\_\_ to \_\_\_\_\_

Week Day	Date	Position	Start	Lunch	End	Regular Hours	Overtime Hours
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
	WEEK 1 TOTAL						
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
	WEEK 2 TOTAL						
	GRAND TOTAL						

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

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_