

**Indian Diggings School
Time Sheet**

Employee: _____

Month: _____

Fiscal Year: _____

Regular Hours	Date																															Total	
Position	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	
																																	0
																																	0
																																	0
																																	0
																																	0
																																	0
																																	0
Total Work Hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Leave Hours																																	0
Bereavement																																	0
Comp. Time																																	0
Jury Duty																																	0
Personal Necessity																																	0
Personal (Unpaid)																																	0
Sick																																	0
Vacation																																	0
Worker's Comp.																																	0
Total Leave Hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Regular Hours																																	
<i>All extra hours must be pre-approved by your Supervisor and/or Administrator.</i>																																	
Extra Hours																																	
Extra Time																																	
Overtime																																	
Comp. Time																																	
Total Extra Hours																																	

The above information is true and accurate.

The above information is true and accurate to the best of my knowledge.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____
