

BARRON AREA SCHOOL DISTRICT

TIME SHEET

EMPLOYEE NAME: _____ PAY PERIOD: _____

WEEK OF: _____

	TIME IN	TIME OUT	TOTAL HRS	EXTRA HRS	OTHER HRS
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
WEEK TOTAL HRS					

THIS FORM MUST BE RETURNED TO PAYROLL WEEKLY!!

CHECK AREA IN WHICH YOU WORK: _____ TRANSPORT _____ AIDE _____ EX CURR. _____ CLERICAL
 _____ CUSTODIAL _____ FOOD SERVICE OTHER: _____

*EXTRA HOURS: EX = EXTRA HOURS OT – OVERTIME **OTHER HOURS: PD = PAY DEDUCT
 E = EMERGENCY H = HOLIDAY P = PERSONAL SL = SICK LEAVE V = VACATION

THIS IS A TRUE STATEMENT OF HOURS WORKED _____

Employee Signature _____

Supervisor / Principal _____

BARRON AREA SCHOOL DISTRICT

TIME SHEET

EMPLOYEE NAME: _____ PAY PERIOD: _____

WEEK OF: _____

	TIME IN	TIME OUT	TOTAL HRS	EXTRA HRS	OTHER HRS
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
WEEK TOTAL HRS					

THIS FORM MUST BE RETURNED TO PAYROLL WEEKLY!!

CHECK AREA IN WHICH YOU WORK: _____ TRANSPORT _____ AIDE _____ EX CURR. _____ CLERICAL
 _____ CUSTODIAL _____ FOOD SERVICE OTHER: _____

*EXTRA HOURS: EX = EXTRA HOURS OT – OVERTIME **OTHER HOURS: PD = PAY DEDUCT
 E = EMERGENCY H = HOLIDAY P = PERSONAL SL = SICK LEAVE V = VACATION

THIS IS A TRUE STATEMENT OF HOURS WORKED _____

Employee Signature _____

Supervisor / Principal _____