

Aitkin School District #0001



EMPLOYEE TIME SHEET

Name: _____
Last Name, First Name

Position _____

YEAR	"X" the DAYS		When inputting, used AM/PM (ex: 4:30 PM)				REGULAR	Holiday	Sick	Personal	Vacation	TOTAL HRS	OT/XTRA	\$ PER	TTL	COMMENTS
	DAY	DAY	TIME	OUT TO	IN FROM	TIME										
20	21	1	16	7:00 AM	12:15 PM	1:45 PM	2:00 PM									
"X The Month	X	2	17													
JAN		3	18													
FEB		4	19													
MAR		5	20													
APR		6	21													
MAY		7	22													
JUN		8	23													
JUL		9	24													
AUG		10	25													
SEP		11	26													
OCT		12	27													
NOV		13	28													
DEC		14	29													
		15	30													
			31													
							Total Hrs.									

Employee Signature _____ Date: _____

Manager Signature _____ Date: _____

"I DELCARE UNDER PENALTY OF PERJURY THAT I HAVE ACCURATELY RECORDED ALL THE HOURS I WORKED (INCLUDING HOURS OUTSIDE OF MY NORMALLY SCHEDULED WORKWEEK AND OVERTIME). I HAVE RECEIVED ALL OF THE MEAL PERIODS AND REST PERIODS TO WHICH I WAS ENTITLED BASED ON THE NUMBER OF HOURS I WORKED, AND I HAVE HAD THE OPPORTUNITY TO MAKE ANY NECESSARY CORRECTKONS TO THE TIME RECORDS BEFORE I SIGNED IT