USA SCHOOLS - TIME SHEET

NAME _____ **Employee Number** _____ **Pay Period Ending Date** _____

Account Number / Description	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Totals
Holiday Hours								
Personal Hours								
Sick Hours								
Vacation Hours								
Totals								
							Overtime	

Account Number / Description	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Totals
							Overtime	

FOR PAYROLL OFFICE USE

Account #	Regular Hours	Overtime Hours	Rate/Hour	Total

Approval signature _____

Approval signature _____

Employee signature _____