

Fremont County School District #6

Wind River and Crowheart Schools

Pay Period

Time Sheet

Employee: _____

Position: _____

If Sub, subbing for: _____

PAY PERIOD:

MONTH/YEAR: _____

1ST - 15TH
OF MONTH

16TH - LAST DAY
OF MONTH

PAY CODE: _____

DAY	DATE	Time In	Time Out	Less Lunch	Total Hrs per Day
Monday		am/pm	am/pm		
Tuesday		am/pm	am/pm		
Wednesday		am/pm	am/pm		
Thursday		am/pm	am/pm		
Friday		am/pm	am/pm		
Monday		am/pm	am/pm		
Tuesday		am/pm	am/pm		
Wednesday		am/pm	am/pm		
Thursday		am/pm	am/pm		
Friday		am/pm	am/pm		
Monday		am/pm	am/pm		
Tuesday		am/pm	am/pm		
Wednesday		am/pm	am/pm		
Thursday		am/pm	am/pm		
Friday		am/pm	am/pm		

TOTALS					
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I certify, under penalty of perjury that the routes listed above are the actual hours I worked for FCSD#6 during the pay period listed.

Signature of Employee: _____ Date: _____

Signature of Supervisor: _____ Date: _____

of HOURS approved

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of HOURS approved