

Name: _____ From: _____ To: _____

Employee Number: _____

Duty Performed _____

WEEKLY TIME SHEET

CO-CURRICULAR AFTER HOUR WORK

Day of Week	Time In	Time Out	Lunch	Time In	Time Out	Total Regular Hrs	Time In	Time Out	Total Overtime Hrs	Total Hours Worked
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										

Employee Signature _____	Date _____	Total Hrs. Total Min. 0 0
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Principal Signature _____ Date _____