

TIME SHEET

For the week of _____ to and including _____

Date	Mon Day Yr		Mon Day Yr		TOTAL HRS
	in	out	in	out	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Weekly Total:					

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**SOUTHWEST KANSAS AREA
COOPERATIVE DISTRICT 613
PO BOX 70, ENSIGN, KS 67841**

Position Number _____
 Name _____
 So. Sec. # XXX-XX-_____
 School _____ Classify _____
 Pay Period _____

TIME TOTALS

First Week _____
 Second Week _____
 Third Week _____
 Fourth Week _____
 Fifth Week _____
 Sick Time _____
 Extra Time _____
 Holiday Hours _____
MONTHLY TOTAL _____

EXTRA TIME
 Give date, hours and reason

REMINDER: TURN IN INSERVICE LOGS!

I hereby certify that the record is accurate and complete and represents the total time I have worked this pay period.

 Signed

 Approved-Supervising Teacher

 Approved-Administrator

Mark a "CSL" for claiming sick leave
 Mark a "UPL" for Unpaid Leave
 Mark a "AET" for Approved Extra Time