

ALMIRA SCHOOL DISTRICT
CLASSIFIED TIMESHEET

MONTH: _____
YEAR: _____

NAME: _____

DATE	START TIME/ END TIME	LUNCH TIME UNPAID	EXTRA TIME	LEAVE TAKEN	TOTAL HOURS	EXPLANATION
EX:	7:50-2:20	11:00-11:30			6	SUB FOR SALLY
1						
2						
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EMPLOYEE SIGNATURE: _____

SUPERVISOR SIGNATURE _____

I hereby certify that this is a true and correct report of the time I have worked during the dates indicated. EMPLOYEES ARE PROHIBITED FROM WORKING ANY OVERTIME WITHOUT PRIOR APPROVAL FROM THEIR SUPERVISOR.