

Joaquin Independent School District Employee Time Sheet

Time covered from _____ to _____, 20____

Name _____ Last _____ First _____

| Day | Date | In | Out | In | Out | Total Hours |
|-----------------------|------|----|-----|----|-----|-------------|
| Saturday | | | | | | |
| Sunday | | | | | | |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Total Hours for Week | | | | | | |
| Saturday | | | | | | |
| Sunday | | | | | | |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Total Hours for Week | | | | | | |
| Saturday | | | | | | |
| Sunday | | | | | | |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Total Hours for Week | | | | | | |
| Saturday | | | | | | |
| Sunday | | | | | | |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Total Hours for Week | | | | | | |
| Saturday | | | | | | |
| Sunday | | | | | | |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Total Hours for Week | | | | | | |
| Saturday | | | | | | |
| Sunday | | | | | | |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Total Hours for Week | | | | | | |
| Total Hours for Month | | | | | | |

CERTIFIED CORRECT:

Employee's Signature

Department/Project

Director

Date of Approval