

U.S.D. #224 Time Sheet

Name of School Clifton-Clyde High School _____
Month Day Year

Employee's Signature _____

Building Principal's Signature _____
 (Must be approved by building principal before submitting for payment)

	Date	In	Out	In	Out	In	Out	In	Out	Reg. Hrs.	O.T Hrs.
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											
Totals											

Weekly Hours Regular Hours _____
 Overtime Hours _____
 Vacation Hours _____
 Holiday Hours _____
 Sick Leave Hours _____
 Total Hours _____

Please submit to district each Monday