

**LAKOTA LOCAL SCHOOL DISTRICT
PAYROLL TIME SHEET
2017-2018**



POSITION _____

NAME _____

SUPERVISOR _____

Week 1	DATE	TIME IN	TIME OUT	LUNCH	TIME IN	TIME OUT	REGULAR HOURS	EXTENDED HOURS	OT HOURS	COMMENTS
SUN				LUNCH*						
MON										
TUE										
WED										
THU										
FRI										
SAT										
Week 2										
SUN				LUNCH*						
MON										
TUE										
WED										
THU										
FRI										
SAT										
							TOTALS			

*All classified employees working five (5) or more consecutive hours shall have a thirty (30) minute unpaid lunch period. (OAPSE Negotiated Agreement- Article 19 Section A)

NOTES

CIRCLE the Time Sheet Due Date:					
31-Aug	27-Oct	20-Dec	16-Feb	13-Apr	24-May
15-Sep	10-Nov	5-Jan	2-Mar	27-Apr	8-Jun
29-Sep	21-Nov	19-Jan	16-Mar	11-May	22-Jun
13-Oct	8-Dec	2-Feb	28-Mar	Other	

I certify this to be a true record of my working hours for this pay period.

Date _____ Employee Signature _____

This time sheet must be returned to your Supervisor's office by the Friday (or due date) before pay day.

(This space for office use)

Signature of Supervisor/Building Principal _____

Signature of Superintendent _____