

FILL IN THE ORANGE CELLS, THEN PRINT & SIGN

CUBA INDEPENDENT SCHOOL DISTRICT

SAMPLE Bi-Weekly Employee Timesheet

Date Received:

Employee Name: **Your Name**

Supervisor Name: **Their Name**

OFFICE USE:	PAY PERIOD	ENTERED

Week Starting: **7/4/2020**

all dates auto-populate based on the date you enter here

***use AM and PM on times**

Date	Day	Time In	Time Out	Meal	Time In	Time Out	Total Hours
7/4/2020	Saturday						0:00
7/5/2020	Sunday						0:00
7/6/2020	Monday	8:00 AM	12:00 PM		12:30 PM	4:30 PM	8:00
7/7/2020	Tuesday	8:00 AM	12:00 PM		12:30 PM	4:30 PM	8:00
7/8/2020	Wednesday	8:00 AM	12:00 PM		12:30 PM	4:30 PM	8:00
7/9/2020	Thursday	8:00 AM	12:00 PM		12:30 PM	4:30 PM	8:00
7/10/2020	Friday	8:00 AM	12:00 PM		12:30 PM	4:30 PM	8:00

***use AM and PM on times**

Total Hours (This Week) **40:00**

Date	Day	Time In	Time Out	Meal	Time In	Time Out	Total Hours
7/11/2020	Saturday						0:00
7/12/2020	Sunday						0:00
7/13/2020	Monday	8:00 AM	12:00 PM		12:30 PM	4:30 PM	8:00
7/14/2020	Tuesday	8:00 AM	12:00 PM		12:30 PM	4:30 PM	8:00
7/15/2020	Wednesday	8:00 AM	12:00 PM		12:30 PM	4:30 PM	8:00
7/16/2020	Thursday	8:00 AM	12:00 PM		12:30 PM	4:30 PM	8:00
7/17/2020	Friday	8:00 AM	12:00 PM		12:30 PM	4:30 PM	8:00

Total Hours (This Week) **40:00**

FUND CODE: _____

FUND CODE: _____

Employee Signature: **Sign Your Name**

Date

Total Hours 80:00

Supervisor/Coordinator: **Get Supervisor to Sign**

Date

Rate Per Hour \$13.50

Finance Director: _____

Date

Total Pay \$1,080.00