

Dell City ISD Employee Timesheet

Name: _____

	Time In	Time Out	Time In	Time Out	Office Use Only
Monday Date:	:00 :15 :30 :45	:00 :15 :30 :45	:00 :15 :30 :45	:00 :15 :30 :45	
Tuesday Date:	:00 :15 :30 :45	:00 :15 :30 :45	:00 :15 :30 :45	:00 :15 :30 :45	
Wednesday Date:	:00 :15 :30 :45	:00 :15 :30 :45	:00 :15 :30 :45	:00 :15 :30 :45	
Thursday Date:	:00 :15 :30 :45	:00 :15 :30 :45	:00 :15 :30 :45	:00 :15 :30 :45	
Friday Date:	:00 :15 :30 :45	:00 :15 :30 :45	:00 :15 :30 :45	:00 :15 :30 :45	

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Superintendent Signature: _____

Date: _____

Business Office Use Only

Overtime Rate _____ Overtime Hours _____ Overtime Approved _____

_____ \$ _____

_____ \$ _____