

Time Sheet

Hourly or Daily

Employee Name:

District & School Name:

Job Title/Duties:

Pay Rate:

Enter time with minutes rounded to the nearest quarter hour:

:00 to :07 → :00 :38 to :52 → :45
 :08 to :22 → :15 :53 to :00 → :00
 :23 to :37 → :30

	Date	MORNING		AFTERNOON		Total
		Start	End	Start	End	
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						
Total Week 1						

	Date	MORNING		AFTERNOON		Total
		Start	End	Start	End	
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						
Total Week 2						

PAY PERIOD TOTAL

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I certify that the information (time) listed above is true and correct to the best of my knowledge.
 False information reported on the time sheet constitutes grounds for dismissal.

Employee Signature: Date:

Supervisor Sign & Print: Date:

Email to payroll@esiaz.us or fax to **480-535-9118**.