

SCHOOL DISTRICT OF COLBY

Weekly Time Sheet

Name: _____ Period Ending _____

Building: _____ Position and/or Subbing for _____

| DATE | DAY OF WEEK | IN | LUNCH OUT | LUNCH IN | OUT | TOTAL TIME | Notes |
|--------------|-------------|----|-----------|----------|-----|------------|-------|
| | SUNDAY | | | | | | |
| | MONDAY | | | | | | |
| | TUESDAY | | | | | | |
| | WEDNESDAY | | | | | | |
| | THURSDAY | | | | | | |
| | FRIDAY | | | | | | |
| | SATURDAY | | | | | | |
| TOTAL | | | | | | | |

Employee Signature _____ Date: _____

Supervisor Approval _____ Date: _____