

**WEEKLY TIME SHEET**  
**BARNWELL SCHOOL DISTRICT 45**

WEEK ENDING: \_\_\_\_\_

PROGRAM NAME: \_\_\_\_\_

Employee Name: \_\_\_\_\_ SS# \_\_\_\_\_ Location: \_\_\_\_\_

**MORNING**

**AFTERNOON**

| Date               | Time In | Time Out |  | Time In | Time Out | Total Hours |
|--------------------|---------|----------|--|---------|----------|-------------|
|                    |         |          |  |         |          |             |
|                    |         |          |  |         |          |             |
|                    |         |          |  |         |          |             |
|                    |         |          |  |         |          |             |
|                    |         |          |  |         |          |             |
|                    |         |          |  |         |          |             |
| <b>Total Hours</b> |         |          |  |         |          |             |

**Time is paid on ¼ hour increments only. Please total your hours before submitting for payment.**

Date: \_\_\_\_\_

Signed \_\_\_\_\_  
**Supervisor**

Signed: \_\_\_\_\_  
**Employee**

\_\_\_\_\_  
**Account Number**

**I certify that the above is true and correct.**

**I certify to the best of my knowledge and belief that the above is true and correct.**