

**WELD COUNTY SCHOOL DISTRICT RE-5J
TIME SHEET**

NAME:	ASSIGNMENT:
SOCIAL SECURITY#:	BUILDING:
PAY PERIOD IS FROM THE 12 TH TO THE 11 TH OF EACH MONTH.	
REMINDER: ALL TIME SHEETS ARE DUE AT THE ADMINISTRATION OFFICE BY THE 12 TH OF EACH MONTH. WHEN FILLING OUT TIME SHEETS, LIST HOURS WORKED UNDER TIME IN AND TIME OUT.	
*REASON: IF ABSENT OR YOU WORKED OTHER THAN YOUR NORMAL ASSIGNED HOURS, EXPLAIN: (SICK/ANNUAL LEAVE, INSERVICE, VACATION, HOLIDAY, ETC.)	

PAY PERIOD: MONTH _____, YEAR _____ **TO:** MONTH _____, YEAR _____

DATE	TIME IN	TIME OUT	#HRS WRKD	*REASON (SEE ABOVE)	DATE	TIME IN	TIME OUT	#HRS WRKD	*REASON (SEE ABOVE)
12					1				
13					2				
14					3				
15					4				
16					5				
17					6				
18					7				
19					8				
20					9				
21					10				
22					11				
23									
24									
25									
26									
27									
28									
29									
30									
31									
									TOTAL HRS PER EMPLOYEE:

TIME SHEET MUST BE SIGNED BEFORE IT CAN BE PROCESSED

EMPLOYEE SIGNATURE	FOR OFFICE USE ONLY: TOTAL HOURS WORKED:		
SUPERVISOR'S SIGNATURE	REGULAR		
PRINCIPAL'S SIGNATURE	OVERTIME		
ACCOUNT CODE:	TOTAL		