

# EDUStaff

Employee Name: \_\_\_\_\_ District Name: \_\_\_\_\_

Budget Code/ASN#: \_\_\_\_\_ Position: \_\_\_\_\_

## Hourly/Daily Time Sheet

Day	Date	Start Time	End Time	Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Week 1 Total:				0

Day	Date	Start Time	End Time	Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Week 2 Total:				0

Sub Total: **0**

Employee Signature: \_\_\_\_\_

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

District Approval: \_\_\_\_\_

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