



# FITZGERALD PUBLIC SCHOOLS

23200 Ryan Road  
Warren, MI 48091-1999

## Employee Bi-Weekly Time Sheet

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

Employee ID: \_\_\_\_\_

School Location: \_\_\_\_\_

Dept/Program: \_\_\_\_\_

Week ending: \_\_\_\_\_

	Date	In	Out	In	Out	Total	ASN	Description of Work Performed
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
SUNDAY								
				<b>SUBTOTAL</b>				

Week ending: \_\_\_\_\_

	Date	In	Out	In	Out	Total	ASN	Description of Work Performed
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
SUNDAY								
				<b>SUBTOTAL</b>				

<b>GRAND TOTAL</b>	
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*This is a true and accurate statement of hours worked.*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Academic Officer Signature (Required for Grant Funded Positions)

\_\_\_\_\_  
Date