



MHS TIME SHEET

CERTIFIED, CLASSIFIED, ACTIVITY SUPERVISION, OVERTIME, EXTRA DUTY

NAME _____ MONTH _____

DATE	TIME IN (CLASSIFIED ONLY)	LUNCH (CLASSIFIED ONLY)	TIME OUT (CLASSIFIED ONLY)	DESCRIPTION OF ACTIVITY, EXTRA DUTY, POSITION	HOURS OR PAY AMT
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
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26					
27					
28					
29					
30					
31					

EMPLOYEE SIGNATURE _____

SUPERVISOR SIGNATURE _____ DATE _____

ADMIN. ONLY BUDGET # _____ PAY RATE OR FLAT AMT _____