

GRANITE FALLS SCHOOL DISTRICT EMPLOYEE TIME SHEET

Name _____ Month/Year _____ Location _____

Day	Start Time	Stop Time	Start Time	Stop Time	Start Time	Stop Time	Total Hours	Extra Hours	Leave Hours	Lv Code	Payroll Use
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
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20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Total											

I certify that the above is an accurate record of the time worked this period

Employee Signature: _____

Supervisor Signature: _____

Date Signed: _____

Date Signed: _____

Leave Codes	Payroll Use	Time & Effort*
G Family/Bereavement		*Para Pros Only
J Jury Duty		Sped _____ %
H Holiday		Title _____ %
P Personal		LAP _____ %
S Sick		Other _____ %
V Vacation		Total _____ %
W Workshop/Conference		Initials _____