

Lake Shore Public Schools

Bi-Weekly Time Sheet

Support Staff/Support Staff Subs/Clerical Subs

Employee Name _____ **Employee #** _____

Position _____ **Building** _____

Day	Date	In	Lunch* <small>Duty free period</small>	Out	Comments**	Total Daily Hours
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Total Hours						

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

*Lunch/Duty free period is not to be included in the total hours.

** Use this column to report absence type.

Subs must indicate for whom they subbed.

Payroll Use ONLY

Hourly Rate _____

ASN _____