

Lander County School District
Time Sheet Report

Name: _____ Federal Program: _____

Month/Year: _____ Job Title/Sub For: _____

Month:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Hours Worked															
Month:	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Hours Worked															

Total Hours Worked: _____ Hourly Rate: _____ Total Due: _____

Account Code: _____

Job Duty: _____

Comp FWD: _____ Comp Earned: _____ Comp Used: _____ Comp Carry Over: _____

Change in Mailing Address: _____

Employee Signature: _____ Date: _____

Supervisor Sign: _____ Date: _____