

**LANDER COUNTY SCHOOL DISTRICT  
Time Sheet Report**

Name \_\_\_\_\_ Federal Program \_\_\_\_\_

Month/Year \_\_\_\_\_ Job Title/Sub for \_\_\_\_\_

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<b>Hours Worked</b>															
<b>Sick Leave Used</b>															
<b>Compensatory Time Used</b>															
<b>Holiday</b>															
<b>Vacation</b>															

	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<b>Hours Worked</b>																
<b>Sick Leave Used</b>																
<b>Compensatory Time Used</b>																
<b>Holiday</b>																
<b>Vacation</b>																

**Total Hours Worked** \_\_\_\_\_ **Hourly Rate \$** \_\_\_\_\_ **Total Due \$** \_\_\_\_\_

**Change in Mailing Address:** \_\_\_\_\_ **Comp Forwarded** \_\_\_\_\_

\_\_\_\_\_ **Comp Earned** \_\_\_\_\_

**Employee Sign & Date** \_\_\_\_\_ **Comp Used** \_\_\_\_\_

**Supervisor Sign & Date** \_\_\_\_\_ **Comp Carry Over** \_\_\_\_\_