

Hobart School District 1001

Weekly Timesheet

Time Card: To be completed in employee's handwriting

Name: _____

Social Security Number: _____

Supervisor: _____

All work weeks are comprised of the seven consecutive 24-hour periods beginning and ending at 12:00:01 a.m. Monday morning.

Day	Date	In	Lunch Out	Lunch In	Break Out	Break In	Out	Hours Worked			
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											
								Hours Worked		Overtime Hours Worked	

Employee Signature: _____ Date: _____

I verify the the above information is an accurate reflection of all actual hours I worked during the specified work-week

Supervisor Signature: _____ Date: _____

I verify the the above information is an accurate reflection of all actual hours worked by the above employee during the specified work-week