



Lawrence Public Schools / Bi-Weekly Time Sheet

Name of Employee _____ Employee Title _____

Employee # _____ School _____

For Week Ending: _____

WEEK 1

Date	IN	OUT	IN	OUT	IN	OUT	IN	OUT	Total Reg. Hours	Total OT Hours	Total Hours
TOTALS											

For Week Ending: _____

WEEK 2

Date	IN	OUT	IN	OUT	IN	OUT	IN	OUT	Total Reg. Hours	Total OT Hours	Total Hours
TOTALS											

OVERTIME

Date	Day	Reason for Overtime	Account Number	Hours	Approved by

Absences for Sick Leave, Vacation, and Personal Leave must be **CLEARLY MARKED**

A= Absent P = Personal V = Vacation

This is to certify that my record of attendance, as shown for each day is correct.

This is to certify I have examined the above report and found it accurate and correct. It has been completed in accordance with policies and procedures governing professional employees

Signature of Employee _____ Date _____

Signature of Supervisor _____ Date _____