



LAWRENCE PUBLIC SCHOOLS

TIME SHEET

PAYMENT DATE

JOB TITLE

FROM

TO

EMPLOYEE ID # AND NAME		HRS / DAY						TOTAL HOURS	FOR OFFICE USER ONLY
ID		HOURS							
N		DAY							
ID		HOURS							
N		DAY							
ID		HOURS							
N		DAY							
ID		HOURS							
N		DAY							
ID		HOURS							
N		DAY							
ID		HOURS							
N		DAY							
ID		HOURS							
N		DAY							
ID		HOURS							
N		DAY							
ID		HOURS							
N		DAY							

ACCOUNT CODE: _____

AUTHORIZED SIGNATURE

BUILDING

A - ILLNESS

S - SUBSTITUTE

P - PERSONAL

F - FUNERAL / DEATH IN FAMILY

RETURN TO: PAYROLL DEPARTMENT - CENTRAL OFFICE