LAUREL HIGHLANDS SCHOOL DISTRICT
TIME SHEET

PRINT NAME _____ EMPLOYEE SIGNATURE _____

DATE	LOCATION	JOB DESCRIPTION	STARTING TIME	ENDING TIME	HOURS WORKED

_____ $ _____ X _____ = _____

APPROVAL SIGNATURE RATE HOURS/DAY AMOUNT

ACCT DISTRIBUTION: _____

_____

BUSINESS MANAGER DATE PAID _____