

School Board of Levy County

Weekly Employee Time Sheet

Processed	
Payroll Date	
Cost Center	
Employee Type	
Pay Code	
Hourly Rate	
<i>For Payroll Use Only</i>	

Employee Name: _____ Position: _____

Social Security # (Last Four) _____ **Cost Center/Location:** _____

Date	Reason for extra time or person worked for	Day	Morning AM Start	Morning AM Finish	Evening PM Start	Evening PM Finish	Hourly Rate <i>(Payroll Use)</i>	Total Hours	Payroll Verified <i>(Payroll Use)</i>
		Monday							
		Tuesday							
		Wednesday							
		Thursday							
		Friday							
		Saturday							
		Sunday							
							Total Hours Worked		
							S/T <i>(PR Use)</i>		
							O/T <i>(PR Use)</i>		

**Round to the nearest ¼ hour.*

Project Number: _____ Description: _____

Board Approved Date _____

I certify that the hours listed above are accurate.

Employee Signature

Date

Grant Administrator Signature

Date

Principal Signature

Date

Supervisor Signature

Date