



LAWRENCE PUBLIC SCHOOLS

TIME SHEET

PLANT

DEPT.

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