

# GOODHUE COUNTY EDUCATION DISTRICT

## TIME SHEET

EMPLOYEE NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

Month: \_\_\_\_\_ 1<sup>st</sup> – 15<sup>th</sup> \_\_\_\_ 16<sup>th</sup> – 30/31<sup>st</sup> \_\_\_\_ DUE IN GCED OFFICE THE 1<sup>ST</sup> OR 16<sup>TH</sup> OF MONTH

Day of Month	Time In	Time Out	Time In	Time Out	# of Reg Hrs Worked	Reason of Absence
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
<b>Total Hours Reported:</b>						

I, THE UNDERSIGNED, HERBY DECLARE THAT THE REGULAR HOURS AND OVERTIME HOURS INDICATED ON THIS TIME SHEET ARE COMPLETE AND CORRECT AND THAT NO ADDITIONAL TIME IS DUE ME FOR THE HOURS INDICATED.

\_\_\_\_\_  
(Signed = Employee/Claimant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signed = Supervisor Authorizing Payment)

\_\_\_\_\_  
(Date)