

JASPER SCHOOL DISTRICT
Classified Employee Time Sheet

Social Security # _____ - _____ - _____

School/Location _____

Name _____

MONTH: _____

DATE	CHECK IN TIME	BREAK 1	LUNCH TIME	BREAK 2	CHECK OUT TIME	TOTAL HOURS WORKED
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						

Signature - Employee: _____ Total Hours: _____

To be Completed by Principal or Supervisor:
 Account (Specify Fund): _____

Signature - Principal or Supervisor: _____

** A Social Security Number is REQUIRED in order to process this time sheet.