BI-WEEKLY TIME AND ATTENDANCE REPORT (Pay Sheet and Verification)

IRON MOUNTAIN PUBLIC SCHOOLS Account# _____

NAME _____ EMPLOYEE # _____

EMPLOYEE SIGNATURE **_____ Rate _____**

WEEK 1	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTAL
DATE:								
Hours Worked Per Day								
Sick Hours Taken								
Holiday Hours Taken								
Bereavement/Jury Hours								
No Pay Hours								
TOTAL HOURS TO BE PAID								

WEEK 2	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTAL
DATE:								
Hours Worked Per Day								
Sick Hours Taken								
Holiday Hours Taken								
Bereavement/Jury Hours								
No Pay Hours								
TOTAL HOURS TO BE PAID								

GRAND TOTAL TO BE PAID (both weeks) _____

PLEASE SUBMIT YOUR TIME SHEET TO YOUR SUPERVISOR BY FRIDAY
EMPLOYEE SIGNATURE IS AT THE TOP OF THE PAGE!!!!

SUPERVISOR'S SIGNATURE **_____**

COMMENTS/Addl Info. _____