

Name: \_\_\_\_\_  
 Employee Number: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

### WEEKLY TIME SHEET

#### CO-CURRICULAR AFTER HOUR WORK

Day of Week	Time		Lunch	Time		Total Regular Hrs	Time		Total Overtim e Hrs	Total Hours Worked
	In	Out		In	Out		In	Out		
Sunday										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

Total Hrs. Total Min.	0	0
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