

**LUZERNE INTERMEDIATE UNIT
10 DAY HOURLY TIME SHEET**



Pay Period Ending: _____

Employee Signature

Date of Pay: _____

PRINT Employee Name



Date: _____

Program: _____

DATE	Time IN	Time OUT	Daily Total	Location	Purpose
MON					
TUE					
WED					
THUR					
FRI					

MON					
TUE					
WED					
THUR					
FRI					

Total Hours

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****Note: A Half Hour Break Must Be Taken After Each 5 Hours of Work.**

APPROVED BY:

Program Director

Supervisor

Total Paid _____

P/R Date _____

By _____