

**LUZERNE INTERMEDIATE UNIT
10 DAY PER DIEM TIME SHEET**



Pay Period Ending: _____

Employee Signature

Date of Pay: _____

PRINT Employee Name

Date: _____

Program: _____



| DATE | Full Day = 1 | Location | Purpose |
|------|--------------|----------|---------|
| MON | | | |
| TUE | | | |
| WED | | | |
| THU | | | |
| FRI | | | |

| | | | |
|-----|--|--|--|
| MON | | | |
| TUE | | | |
| WED | | | |
| THU | | | |
| FRI | | | |

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

APPROVED BY:

Total Paid _____

Program Director

P/R Date _____

Supervisor

By _____