

**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 _____