

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

Employee Signature



Pay Period Ending: _____

Date of Pay: _____

PRINT _____

Employee Name

Date: _____



Program: _____

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

Total
Hours

****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 _____