

ANN ARBOR PUBLIC SCHOOLS

HOURLY EMPLOYEE TIME SHEET

NAME: _____
(Please Print Clearly)

WEEK ENDING: _____
(Saturday Date)

EMPLOYEE ID: _____

SITE/LOCATION WORKED AT: _____

DATE:										
HOURLY JOB	SUN.	MON.	TUES.	WED.	THUR.	FRI.	SAT.	TOTAL HOURS	RATE	AMOUNT

ACCOUNT CODE: _____

JOB / PROJECT: _____

EMPLOYEE SIGNATURE _____

APPROVAL SIGNATURE _____

DEPARTMENT/SCHOOL _____

BUDGET MANAGER'S SIGNATURE _____

SEND ORIGINAL TO PAYROLL

Rev 4/10 Purchasing

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