

# GOODHUE COUNTY EDUCATION DISTRICT TIME SHEET

EMPLOYEE NAME: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

1<sup>st</sup> - 15<sup>th</sup>

MONTH: \_\_\_\_\_

16<sup>th</sup> - 30/31<sup>st</sup>

DUE IN GCED OFFICE THE 1<sup>st</sup> or 16<sup>th</sup> OF THE MONTH

DAY of the MONTH	TIME IN	TIME OUT	TIME IN	TIME OUT	No. of Reg. Hours Worked	Reason/explanation of absence
------------------	---------	----------	---------	----------	--------------------------	-------------------------------

1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

TOTAL HOURS REPORTED

I, THE UNDERSIGNED, HERBY DECLARE THAT THE REGULAR HOURS AND OVERTIME HOURS INDICATED ON THIS TIME SHEET ARE COMPLETE AND CORRECT AND THAT NO ADDITIONAL TIME IS DUE ME FOR THE HOURS INDICATED.

\_\_\_\_\_  
(Signed - Employee/Claimant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signed - Supervisor Authorizing Payment)

\_\_\_\_\_  
(Date)