

Name: _____
 First Last

Dillingham City School District

Pay Period Ending: _____
 Month / Day / Year

Time Sheet

**ALL TIME SHEETS MUST BE SENT TO
 THE PAYROLL OFFICE BY THE 1ST AND
16TH OF EACH MONTH**

Job Title: _____

Location: _____

ALL OVERTIME REQUIRES PRIOR APPROVAL BY THE SUPERINTENDENT

◆ Date ◆	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Sub Total
Regular Time																	
Overtime																	

NOTICE TO NEW EMPLOYEES: No Paychecks Will Be Issued Until Application Forms Are Complete

◆ Date ◆	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Sub Total	Total
Regular Time																	
Overtime																	

For Office Use Only:

Comments: _____

Employee Signature *Date*

Supervisor Signature *Date*