

# Time Sheet

## Hourly or Daily

Employee Name: ..... District & School Name: .....  
 Job Title/Duties: ..... Pay Rate: .....

Enter time with minutes rounded to the nearest quarter hour:  
 :00 to :07 → :00    :38 to :52 → :45  
 :08 to :22 → :15    :53 to :00 → :00  
 :23 to :37 → :30

	Date	MORNING		AFTERNOON		Total
		Start	End	Start	End	
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Total Week 1						

	Date	MORNING		AFTERNOON		Total
		Start	End	Start	End	
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Total Week 2						

PAY PERIOD TOTAL

--

I certify that the information (time) listed above is true and correct to the best of my knowledge.  
 False information reported on the time sheet constitutes grounds for dismissal.

Employee Signature: ..... Date: .....  
 Supervisor Sign & Print: ..... Date: .....

Email to [payroll@esiaz.us](mailto:payroll@esiaz.us) or fax to 480-535-9118.