



# May Independent School District

*Where everybody is somebody*

## Non Exempt Employee Weekly Time Sheet

Employee Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

Weekday	Date	Start Time	Lunch Out	Lunch In	End Time	Hours Worked	Amount Leave Used	Type of Leave Used
Saturday								
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								

Total hours worked this week: \_\_\_\_\_

Total Overtime Hours Worked: \_\_\_\_\_

*I certify this is an accurate record of hours worked.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\*\*\*\*\* PLEASE RETURN ALL APPROVED TIME SHEETS ON MONDAYS TO ADMIN OFFICE \*\*\*\*\*