

POSITIVE DIRECTIONS

Time Sheet

School: _____

Name: _____

Day	Date	Time In	*Lunch Time Out	*Lunch Time In	Time Out	Total
EX.	8/20/2010	7:15	11:45	12:15	2:45	7

Mon.						
Tue.						
Wed.						
Thur.						
Fri.						

Mon.						
Tue.						
Wed.						
Thur.						
Fri.						

Grand Total

Principal or Other Designated Signature _____

Employee Signature _____