

Mail Check/Stub or Pick Up

P/E Date: _____

LIVINGSTON EDUCATIONAL SERVICE AGENCY TIME SHEET

Name (Please Print): _____ Employee Number: _____ Position/Program: _____

Date	Mon	Tue	Wed	Thur	Fri	Sat	Mon	Tue	Wed	Thur	Fri	Sat	Total Hours
Time In													
Lunch Out													
Lunch In													
Time Out													
Regular Hours													
Overtime Hours													
Program													

Signature **Date** **Supervisor Approval** **Date**

Payroll Use Only

FC	Regular Hours (.00)	Regular Rate (.0000)	OT Code	Overtime Hours (.00)	Overtime Rate (.0000)	Account Number	HED	% Spread	Amount
12									
12									
12									
12									
12									

Total Hours _____ **Total Pay** _____