MONTHLY TIME REPORT

For Pay Period beginning the 11th of and ending 10th of 20______

Name:

Department:

NOTE: Hours are to be rounded to the nearest quarter hour. Signatures are required and must be submitted by the 10th, each month. If you have any questions, please contact the district office at 3307 or email csearby@kimberly.edu.

Hours for last week of prior month carried over that may reflect overtime:

Regular	*Overtime*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Hours	Weekly Overtime
DATE									
Time In									
Time Out									
Time In									
Time Out									
Total									
DATE									
Time In									
Time Out									
Time In									
Time Out									
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Time In									
Time Out									
Time In									
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DATE									
Time In									
Time Out									
Time In									
Time Out									
Total									
DATE									
Time In									
Time Out									
Time In									
Time Out									
Total									

Total Monthly Hours

Regular	*Overtime*

Note: My signature below confirms the time I have reported accurately represents the hours I have worked during this pay period, and that I have taken all breaks/mealtimes as defined in KSD Policy 5221.

Employee's Signature:

Supervisor Signature: