

Sioux Falls School District 49-5

Name _____

Employee # _____

Address _____

Budget Code: _____

Account: _____

Work Location _____

Mtg Attd./Work Perform _____

DATE	TIME BEGAN	TIME ENDED	TIME BEGAN	TIME ENDED	TIME BEGAN	TIME ENDED	TOTAL HOURS	TOTAL MINUTES
WEEKLY TOTAL								
WEEKLY TOTAL								
WEEKLY TOTAL								
WEEKLY TOTAL								
WEEKLY TOTAL								

I declare and affirm under the penalties of perjury that this timesheet has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

APPROVED _____
(PRINCIPAL/DEPT. HEAD)

TITLE _____

SCHOOL/DEPT. _____

Total Hours _____ Hr _____ Min
 Total Converted Hours _____ . _____
 Time Hourly Rate _____ . _____
 Equals \$ _____ . _____

I certify that to the best of my knowledge the hours reported on this timesheet are true and correct. I also understand that any willful misrepresentation of my hours worked may be cause for dismissal and that I will be liable for repayment under such circumstances.

Signed _____ Date _____