

**Food Service Division Timesheet**

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

Employee Number: \_\_\_\_\_

School Name: \_\_\_\_\_

Cost Center/Location Code: \_\_\_\_\_

Pay Period Month: \_\_\_\_\_

Year: \_\_\_\_\_

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
In															
Out															
Total:															

I hereby certify that the above information is a true and correct representation of the actual time spent by me in support and compliance of the above Federal and State Categorical programs and General Education. By signing I certify and agree to all necessary processing and adjustments that will reflect all time entered above. Once all necessary adjustments are processed, I agree and authorize that any unearned wages paid as a result will be collected from the next paycheck.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Manager's Signature

	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
In																
Out																
Total:																

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\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Manager's Signature

**Common Benefitted Time Codes:**

Illness= IL

Holiday= H

Personal Necessity= PN

Vacation= V

Kincare= KC

Jury Duty = JU

**\*For all other benefitted time off, consult with your Time Reporter.**

**Manager Notes:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

