SCHUYLKILL INTERMEDIATE UNIT #29 / SCHUYLKILL TECHNOLOGY CENTER
HOURLY TIME SHEET

EMPLOYEE NAME: _____ BUILDING: _____

POSITION: _____ PROGRAM: _____

WORK DATES	*TIME STARTED*	*TIME FINISHED*	*REGULAR HOURS*	*OVERTIME HOURS*

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

EMPLOYEE SIGNATURE _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

BUSINESS OFFICE ONLY

Account Number	Regular Hours		Hourly Rate		Regular Pay
	0:00	X		=	$ -
Account Number	Overtime Hours	X	Hourly Rate	=	Regular Pay
	0:00	X		=	$ -
Account Number	Regular Hours	X	Hourly Rate	=	Regular Pay
	0:00	X		=	$ -
Account Number	Overtime Hours	X	Hourly Rate	=	Regular Pay
	0:00	X		=	$ -

Date of Payment: _____

IU Hourly Time Sheet 7-2006.xls