IDA PUBLIC SCHOOL DISTRICT
TIME SHEET

Name _____

Weeks of _____ **to** _____

	Position	Monday		Tuesday		Wednesday		Thursday		Friday		Total Hours
Week 1		IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
Week 2		IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
											Total Hours for weeks 1 & 2	

Employee Signature _____

Principal/Supervisor Approval _____