

High Plains Educational Cooperative - Time Sheet

Name _____ Time Period: _____

Date	Day	In	Out	In	Out	In	Out	Total Work	Leave Codes			Total Hrs	Note	
									P	S	Other Leave			
Example:		8:00 am	10:00 am	12:30 pm	2:30 pm			4.00		1.00	1.00	IP	6.00	
	Mon													
	Tues													
	Wed													
	Thu													
	Fri													
	Sat													
	Sun													
WEEK TOTAL														
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	Tues													
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WEEK TOTAL														
	Mon													
	Tues													
	Wed													
	Thu													
	Fri													
	Sat													
	Sun													
WEEK TOTAL														

NOTE: Any leave taken above the allowable limits will be a full deduction.

By submitting this form, I attest that I have reviewed and approve the hours stated on this time sheet.

Supervising Teacher