

LS R-VII School District

Exempt Employee Time Sheet

Employee Name:				Employee Number:			
Salary Quote:		Job Performed & Location:					
Date mm/dd/yy	TIME WORKED		HOURS Hrs/Min	Date mm/dd/yy	TIME WORKED		HOURS Hrs/Min
	Begin	End			Begin	End	
Hours Worked				Hours Worked			
Total Hours Worked				Total Hours Worked			
<i>I certify that the dates, times and hours are accurate and that payment for the above time should be made by the Lee's Summit R-7 School District.</i>							
Employee Signature:				Administrator Signature:			
Signature		Date		Signature		Date	

ADMINISTRATIVE USE ONLY	
Account Code	#
Hourly Rate of Compensation	\$
Budget Manager Signature:	
Signature	Date

(revised 7/23/08)