

MILFORD SCHOOL DISTRICT

PAYROLL TIME SHEET

NAME: _____

POSITION: _____

LOCATION: _____

Time must be entered as **HH:MM AM/PM** to calculate properly!

DAY	DATE	START TIME	LUNCH OUT	LUNCH RETURN	END TIME	TOTAL REG PAID HRS/DAYS **	COMMENTS (note if using sick, personal, professional development, holiday, etc)
SUN						0.00	
MON						0.00	
TUES						0.00	
WED						0.00	
THUR						0.00	
FRI						0.00	
SAT						0.00	
TOTAL:						0.00	

DAY	DATE	START TIME	LUNCH OUT	LUNCH RETURN	END TIME	TOTAL REG PAID HRS/DAYS **	COMMENTS (note if using sick, personal, professional development, holiday, etc)
SUN						0.00	
MON						0.00	
TUES						0.00	
WED						0.00	
THUR						0.00	
FRI						0.00	
SAT						0.00	
TOTAL:						0.00	

** In accordance with RSA 279:27-Time worked more than five hours includes a 1/2 hr uncompensated meal period

TOTAL REGULAR TIME: 0

REGULAR HOURS TO PAY:

TOTAL OVERTIME: 0

NOTES TO PAYROLL: _____

I certify that the hours listed above are true and accurate, and I understand that falsifying my timecard is a violation of State & Federal laws and District policy.

EMPLOYEE SIGNATURE: _____

DATE: _____

SUPERVISOR APPROVAL: _____

DATE: _____