

**Gold Trail Union School District
Time Sheet**

Employee: _____

Work Site: _____

Month: _____

Fiscal Year: _____

Regular Hours	Date																																
Position	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	
																																	0
Admin Assistant																																	
Holiday																																	
Total Work Hours																																	
Leave Hours																																	
Bereavement																																	
Comp. Time																																	
Jury Duty																																	
Personal Necessity																																	
Personal (Unpaid)																																	
Sick																																	
Vacation																																	
Worker's Comp.																																	
Total Leave Hours																																	
Total Regular Hours																																	
<i>All extra hours must be pre-approved by your Supervisor and/or Administrator.</i>																																	
Extra Hours																																	
Extra Time																																	
Overtime																																	
Comp. Time																																	
Total Extra Hours																																	

The above information is true and accurate.

The above information is true and accurate to the best of my knowledge.

The above information is true and accurate to the best of my knowledge.

Employee Signature Date

Supervisor Signature Date

Administrator Signature Date