

DISTRICT SCHOOL BOARD OF PASCO COUNTY
BI-WEEKLY TIME SHEET

MIS Form #221/222/223
Rev. 7/14



SCHOOL/DEPARTMENT/PROGRAM/PROJECT _____ COST CENTER NO. _____
TIME SHEET FOR TWO WEEK PERIOD _____ THROUGH _____ RUN _____

EMPLOYEE NAME	DATE	Saturday		Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		REG HOURS	SICK HOURS	VAC HOURS	OT HOURS	INITIAL TOTAL PYRL
	DAY	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT					
<i>Employee Signature *</i>	TIME																																	
	REG TIME																																	
	LUNCH																																	
<i>Employee Signature *</i>	TIME																																	
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<i>Employee Signature *</i>	TIME																																	
	REG TIME																																	
	LUNCH																																	

* By signing above, the employee is certifying that this Time Sheet represents fully the total hours worked by the employee during this two week period. OT Exempt Employees should enter total contracted hours as TOTAL PYRL.

Supervisor/Admin Signature: _____