DISTRICT SCHOOL BOARD OF PASCO COUNTY BI-WEEKLY TIME SHEET

SCHOOL/DEPARTMENT/PROGRAM/PROJECT_	COST	CENTER NO
IME SHEET FOR TWO WEEK PERIOD	THROUGH	RUN

		DATE														<u> </u>						 /						<u> </u>			Laver			
EMPLOYEE NAME	DAY		ırday		Sunday		nday	Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		REG	SICK	VAC	OT	INITIAL
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^{*} 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.