

ANN ARBOR PUBLIC SCHOOLS

HOURLY EMPLOYEE TIME SHEET

FULL NAME
(PRINT ONLY): _____

WK. ENDING: _____

EMPLOYEE ID
(SIX DIGITS): _____

WORK SITE: _____

DATES WORKED:										
JOB NUMBER	SUN.	MON.	TUES.	WED.	THUR.	FRI.	SAT.	TOTAL HOURS	PAY RATE	AMOUNT

G/L ACCOUNT CODE: _____

JOB/PROJECT TITLE: _____

EMPLOYEE SIGNATURE _____

APPROVER NAME (PRINT ONLY) _____

DEPARTMENT _____

APPROVER SIGNATURE _____

SCAN TO PAYROLL FIRST, THEN MAIL SIGNED ORIGINALS TO PAYROLL DEPT.

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