

**Region IX Education Cooperative  
Time Sheet/Log**

<b>Name:</b> _____				<b>Time Period</b> _____ <b>through</b> _____			
<b>Department</b>	<input type="checkbox"/> <b>REC IX Support</b>	<input type="checkbox"/> <b>DS</b>	<input type="checkbox"/> <b>Career Ed</b>	<input type="checkbox"/> <b>LCHS</b>	<input type="checkbox"/> <b>SBHS</b>	<input type="checkbox"/> <b>Other</b>	

**Week Of** \_\_\_\_\_

Time	Monday	Time	Tuesday	Time	Wed	Time	Thurs	Time	Friday	Time	Sat	Time	Sun
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
Total Hours		Total Hours		Total Hours		Total Hours		Total Hours		Total Hours		Total Hours	

**Total Hours for the week** \_\_\_\_\_ **Supervisor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**I certify that these hours are an accurate reflection of my work week. Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Week Of** \_\_\_\_\_

Time	Monday	Time	Tuesday	Time	Wed	Time	Thurs	Time	Friday	Time	Sat	Time	Sun
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
In		In		In		In		In		In		In	
Out		Out		Out		Out		Out		Out		Out	
Total Hours		Total Hours		Total Hours		Total Hours		Total Hours		Total Hours		Total Hours	

**Total Hours for the week** \_\_\_\_\_ **Supervisor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**I certify that these hours are an accurate reflection of my work week. Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Total Hours for Pay Period** \_\_\_\_\_ **Supervisor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_