SCHOOL ADMINISTRATIVE UNIT THIRTY
BI-WEEKLY TIME REPORT
FOR FEDERAL PROJECT ONLY

NAME:_____ SCHOOL: __LHS__ WEEK BEGINNING: _____

	MORNING		AFTERNOON		TOTAL
	BEGINS	ENDS	BEGINS	ENDS	
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
TOTAL					

NAME:_____ SCHOOL: __LHS__ WEEK BEGINNING: _____

	MORNING		AFTERNOON		TOTAL
	BEGINS	ENDS	BEGINS	ENDS	
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
TOTAL					
			PAY PERIOD TOTALS		

Federal Project Number _____

I certify this is a true record:

Employee's Signature:_____ Date:_____

Principal's Signature:_____ Date:_____

Project Manager's Signature:_____ Date:_____