

**SCHOOL ADMINISTRATIVE UNIT THIRTY
BI-WEEKLY TIME REPORT
NOT FOR FEDERAL PROJECT**

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					

Signature: _____
Employee

Signature: _____
Supervisor