Mansfield Independent School District
Retiree Hourly Timesheet

Employee: _____
Position: _____
Campus: _____
Employee ID: _____

Pay Period	Month	Day	Year
Beginning			
Ending			

Date	Time	Lunch		Time	Loss	Time	Overtime		Total	Total	Employee
	In	Out	In	Out	In	Out	In	Out	Regular	Overtime	Initials
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
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16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
							Total Hrs				
							Wage Per Hr				
							Total Pay				

Employee Signature: _____
Budget Code: _____
Approved for Payment: _____

Timesheets are to be completed in blue or black ink ONLY.

Please be sure all time sheets are complete and properly approved for payment.