

**Individual Time Sheet**  
**Record of Hours Worked Daily**  
**Hobart Public Schools**

For the month of: \_\_\_\_\_ 20\_\_\_\_ Full Name of Employee \_\_\_\_\_

Days of the month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Hours Worked*																															
Hours More or Less Than Eight																															
Release Time																															

✓ **Check mark indicates an 8-hour day**

I certify that the above record of my hours worked is true and correct to the best of my knowledge and belief.

Signature \_\_\_\_\_  
 (Employee)

Signature \_\_\_\_\_  
 (Supervisor)