

Chehalis School District  
**FOOD SERVICE TIME CARD**

Name \_\_\_\_\_ School \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Date	Reg. Hours/Lunch	Additional Time	Lead Breakfast	Regular Breakfast	Other	Subbing (hrs)	Description of Additional Time	Meetings & Trainings	Sick/Emergency Leave	Personal Leave	Bereavement Leave	Leave W/O Pay	Overtime	Total
1														
2														
3														
4														
5														
6														
7														
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27														
28														
29														
30														
31														

I certify that the hours recorded above are correct.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

\*All additional time and overtime must be *preapproved* by your supervisor.

- Regular Lunch Time Approved
- Additional Time Approved
- Lead Breakfast Time Approved
- Regular Breakfast Time Approved
- Courier Time Approved
- Substitute Time Approved

- Meetings/Training Approved
- Sick/Emergency Leave Approved
- Personal Leave Approved
- Bereavement Leave Approved
- Leave w/o Pay Approved
- Overtime Approved

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

(ivory color)