Cafeteria WK 1 WK 2 **Pay of: 7/3/2026**

	Emp #	Last	First	Hours	Hours	Total	Rate		
HS	530	[redacted]		33.50		33.50	20.36	$682.06	watch hours for 403b below 200 Gross
EC	208			40.00		40.00	22.77	$910.80	
EC	737			36.00		36.00	17.10	$615.60	
EC	911			38.00		38.00	20.36	$773.68	
MS	413			39.00		39.00	20.93	$816.27	
						186.50		**$3,798.41**	

Summe

									half time	FLSA
OTH	530					0.00	30.54	$0.00	10.18	0.00
OTH	208					0.00	34.16	$0.00	11.385	0.00
OTH	737					0.00	25.65	$0.00	8.55	0.00
OTH	911					0.00	30.54	$0.00	10.18	0.00
OTH	413					0.00	31.40	$0.00	10.465	0.00
						0.00		**$0.00**		**0.00**

5

186.50

$3,798.41

EMPLOYEE TIME SHEET

LEHIGHTON AREA SCHOOL DISTRICT
Lehighton, Pennsylvania

This report is to be completed by employee and submitted by immediate supervisor to the Business Office for each two-week pay period.
Reports submitted the Monday following each pay day will be paid the following payday.

DATE	TIME FROM	TIME TO	TIME OUT FOR LUNCH	NUMBER OF HOURS	BUILDING	POSITION
6-8-26	6:00	1:30	—	7.50	LAHS	Head Cook
6-9-26	6:00	1:30		7.50		
6-10-26	6:00	1:15		7.25		
6-11-26	6:00	12:15		6.25		
6-12-26	6:00	11:00		5.00		
			Week 1 Total	33.50		
			Week 2 Total			
			TOTAL HOURS	33.50		

Print Employee N[redacted]

Employee Sign[redacted] Date: 6-12-26

Certification of H[redacted] Date: 6-12-26

Approved for Pay[redacted] Date: _____

EMPLOYEE TIME SHEET

LEHIGHTON AREA SCHOOL DISTRICT
Lehighton, Pennsylvania

This report is to be completed by employee and submitted by immediate supervisor to the Business Office for each two-week pay period.
Reports submitted the Monday following each pay day will be paid the following payday.

DATE	TIME		TIME OUT FOR LUNCH	NUMBER OF HOURS	BUILDING	POSITION
	FROM	TO				
6-8-26	6:00	2:00		8	E.C.	Head Cook
6-9	6:00	2:00		8		
6-10	6:00	2:00		8		
6-11	6:00	2:00		8		
6-12	6:00	2:00		8		
			Week 1 Total	40		
			Week 2 Total			
			TOTAL HOURS	40		

Print Employee Name [redacted]

Employee Signature [redacted] Date: 6-12-2026

Certification of Hours [redacted] Date: 6-12-26

Approved for Payment: _____ Date: _____

Superintendent or Business Administrator

[redacted]

EMPLOYEE TIME SHEET

LEHIGHTON AREA SCHOOL DISTRICT
Lehighton, Pennsylvania

eted by employee and submitted by immediate supervisor to the Business Office for each two-week pay period.
Reports submitted the Monday following each pay day will be paid the following payday.

DATE	TIME		TIME OUT FOR LUNCH	NUMBER OF HOURS	BUILDING	POSITION
	FROM	TO				
6-8-26	7	2		7	Elem.	cafe
6-9-26	6	1:30		7		
6-10-26	6:30	2		7 1/2		
6-11-26	6:30	2		7 1/2		
6-12-26	6:30	1:30		7		
			Week 1 Total	36		
			Week 2 Total			
			TOTAL HOURS	36		

Print Employee Nar[redacted]

Employee Signatu[redacted] Date: 6-12-2026

Certification of Ho[redacted] Date: 6-12-26

Approved for Paym[redacted] Date:

EMPLOYEE TIME SHEET

LEHIGHTON AREA SCHOOL DISTRICT
Lehighton, Pennsylvania

This report is to be completed by employee and submitted by immediate supervisor to the Business Office for each two-week pay period.
Reports submitted the Monday following each pay day will be paid the following payday.

DATE	TIME		TIME OUT FOR LUNCH	NUMBER OF HOURS	BUILDING	POSITION
	FROM	TO				
6/8	6	2		8	elem	cook/ft
6/9	6	130		7 1/2		
6/10	6	2		8		
6/11	6	1		7		
6/12	6	130		7 1/2		
			Week 1 Total	38		
			Week 2 Total			
			TOTAL HOURS	38		

[redacted]

Print Employee N

Employee Sign

Date: 6/12/26

Certification of H

Date: 6-12-26

Approved for Payment: _____ Date: _____

Superintendent or Business Administrator

EMPLOYEE TIME SHEET

LEHIGHTON AREA SCHOOL DISTRICT
Lehighton, Pennsylvania

This report is to be completed by employee and submitted by immediate supervisor to the Business Office for each two-week pay period.
Reports submitted the Monday following each pay day will be paid the following payday.

DATE	TIME		TIME OUT FOR LUNCH	NUMBER OF HOURS	BUILDING	POSITION
	FROM	TO				
6/8/2026	6:00	2:00		8	EC.	Cafe Worker
6/9/2026	6:00	1:30	early ND 5th gr.	7 1/2	"	"
6/10/2026	6:00	2:00		8		
6/11/2026	6:00	2:00		8		
6/12/2026	6:00	1:30		7 1/2		
			Week 1 Total	39 hrs.		
			Week 2 Total			
			TOTAL HOURS	39		

Print Employee [redacted]

Employee Sign [redacted] Date: 6/12/2026

Certification of [redacted] Date: 6-12-26

Approved for Payment: _____ Date: _____

Superintendent or Business Administrator