

Cafeteria

WK 1 WK 2

Pay of: 6/18/2026

Emp #	Hours	Hours	Total	Rate
HS 530	32.50	40.00	72.50	20.36
EC 208	29.00	40.00	69.00	22.77
EC 737	28.00	33.50	61.50	17.10
EC 911	29.00	40.00	69.00	20.36
MS 413	25.50	35.75	61.25	20.93
			333.25	

Summer

OTH 530			0.00	30.54
OTH 208			0.00	34.16
OTH 737			0.00	25.65
OTH 911			0.00	30.54
OTH 413			0.00	31.40
			0.00	

5

watch hours for 403b	below 200 Gross
\$1,476.10	
\$1,571.13	
\$1,051.65	
\$1,404.84	
\$1,281.96	
\$6,785.68	
half time	FLSA
10.18	0.00
11.385	0.00
8.55	0.00
10.18	0.00
10.465	0.00
	0.00
\$0.00	
\$0.00	
\$0.00	
\$0.00	
\$0.00	
\$0.00	
\$0.00	

\$6,785.68

333.25

EMPLOYEE TIME SHEET

LEHIGHTON AREA SCHOOL DISTRICT Lehigh, 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				
5-25-26	Memorial Day				LAHS	Head Cook
5-26-26	6:00	2:15		8.25		
5-27-26	6:00	2:15		8.25		
5-28-26	6:00	2:00		8.0		
5-29-26	6:00	2:00		8.00		
			Week 1 Total	32.50		
6-1-26	6:00	2:00		8.0		
6-2-26	6:00	2:00		8.0		
6-3-26	6:00	2:00		8.0		
6-4-26	6:00	2:00		8.0		
6-5-26	6:00	2:00		8.0		
			Week 2 Total	40.00		
TOTAL HOURS				72.50		

Print Employee

Employee Sign

Certification of

Approved for Pa

Date:

Date:

Date:

6-5-26

6-8-26

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				
5-25-26	NO	School			E.C.	
5-26	6:00	2:00		8		
5-27	6:00	2:00		8		
5-28	6:00	2:00		8		
5-29	6:00	11:00		5		
			Week 1 Total	29		
6-1	6:00	2:00		8		
6-2	6:00	2:00		8		
6-3	6:00	2:00		8		
6-4	6:00	2:00		8		
6-5	6:00	2:00		8		
			Week 2 Total	40		
TOTAL HOURS				69		

Print Employee Name

Employee Signature

Certification of Hours

Approved for Payment

Date: 6-5-2026

Date: 6-8-26

Date:

EMPLOYEE TIME SHEET

LEHIGHTON AREA SCHOOL DISTRICT
Lehigh, Pennsylvania

Reported 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				
5-25-26	No School				Elem	Cafe
5-26-26	6	2		8		
5-27-26	6	2		8		
5-28-26	6	2		8		
5-29-26	7	11		4		
			Week 1 Total	28		
6-1-26	8	2		6		
6-2-26	7:30	2		6 1/2		
6-3-26	7	2		7		
6-4-26	7	2		7		
6-5-26	7	2		7		
			Week 2 Total	33 1/2		
TOTAL HOURS				61 1/2		

Print Employee Name

Employee Signature

Certification of Hours

Approved for Payment

Date: 6-5-2026

Date: 6-8-26

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.
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DATE	TIME		TIME OUT FOR LUNCH	NUMBER OF HOURS	BUILDING	POSITION
	FROM	TO				
5/25	NO School				elem	cook/ft
5/26	6	2		8		
5/27	6	2		8		
5/28	6	2		8		
5/29	6	11		5		
			Week 1 Total	29		
6/1	6	2		8		
6/2	6	2		8		
6/3	6	2		8		
6/4	6	2		8		
6/5	6	2		8		
			Week 2 Total	40		
TOTAL HOURS				69		

Print Employee Name

Employee Signature

Certification of Hour

Approved for Payment:

Superintendent or Business Administrator

Date: 6-5-26

Date: 6-8-26

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					
5/25/26	No School		—	—	EC	Cafe worker	
5/26/26	work comp			7	"	"	"
5/27/26	work comp			7	"	"	"
5/28/26	work comp			7	"	"	"
5/29/26	6:00	10:30 AM	Sick day	4 1/2 hrs.	"	"	"
			Week 1 Total	25.50			
6/1/26	6:00	2:00		8	EC	Cafe worker	
6/2/26	6:00	9:45	doctor appt.	3 hrs 45 min	"	"	"
6/3/26	6:00	2:00		8	"	"	"
6/4/26	6:00	2:00		8	"	"	"
6/5/26	6:00	2:00		8	"	"	"
			Week 2 Total	35.75			
TOTAL HOURS				61.25			

Print Employee

Employee Sign

Certification of

Approved for Payment:

Superintendent or Business Administrator

Date:

Date:

Date:

6/5/2026

6-8-26