

Pay of: 6/5/2026

Cafeteria WK 1 WK 2

Emp #	Hours	Hours	Total	Rate
HS 530	40.00	40.00	80.00	20.36
EC 208	40.00	40.00	80.00	22.77
EC 737	32.00	37.00	69.00	17.10
EC 911	40.00	40.00	80.00	20.36
MS 413	40.00	37.00	77.00	20.93
			386.00	

\$1,628.80
\$1,821.60
\$1,179.90
\$1,628.80
\$1,611.61
\$7,870.71

watch hours for 403b below 200 Gross

Summer

Emp #	Hours	Hours	Total	Rate	FLSA
OTH 530	1.50	1.25	2.75	30.54	28.00
OTH 208			0.00	34.16	0.00
OTH 737			0.00	25.65	0.00
OTH 911			0.00	30.54	0.00
OTH 413			0.00	31.40	0.00
			2.75		28.00

half time
10.18
11.385
8.55
10.18
10.465

\$83.99
\$0.00
\$0.00
\$0.00
\$0.00
\$83.99

388.75

\$7,954.70

EMPLOYEE TIME SHEET

LEHIGHTON AREA SCHOOL DISTRICT
Lehighon, 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				
5-11-26	6:00	2:15		8.25	LAHS	Head Cook
5-12-26	6:00	2:15		8.25		
5-13-26	6:00	2:30		8.50		
5-14-26	6:00	2:30		8.50		
5-15-26	6:00	2:00		8.00		
			Week 1 Total	41.50		
5-18-26	6:00	2:15		8.25		
5-19-26	6:00	2:30		8.50		
5-20-26	6:00	2:15		8.25		
5-21-26	6:00	2:15		8.25		
5-22-26	6:00	2:00		8.00		
			Week 2 Total	41.25		
				82.75		

Print Employee Name

Employee Signature

Certification of Hours

Approved for Payment:

Superintendent or Business Administrator

Date:

Date:

Date:

EMPLOYEE TIME SHEET

LEHIGHTON AREA SCHOOL DISTRICT
Lehighton, Pennsylvania

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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				
5-11-26	6:00	2:00		8	E.C.	Head Cook
5-12	6:00	2:00		8		
5-13	6:00	2:00		8		
5-14	6:00	2:00		8		
5-15	6:00	2:00		8		
			Week 1 Total	40		
5-18	6:00	2:00		8		
5-19	6:00	2:00		8		
5-20	6:00	2:00		8		
5-21	6:00	2:00		8		
5-22	6:00	2:00		8		
			Week 2 Total	40		
TOTAL HOURS				(80)		

Print Employee Name _____

Employee Signature _____

Certification of Hours: _____

Approved for Payment: _____

Superintendent or Business Administrator

Date: 5-22, 2026

Date: 5-26-26

Date: _____

EMPLOYEE TIME SHEET

LEHIGHTON AREA SCHOOL DISTRICT
Lehigh, Pennsylvania

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				
5-11-26	8	2		6	Elem.	Cafe
5-12-26	8	2		6		
5-13-26	8	2		6		
5-14-26	7	2		7		
5-15-26	7	2		7		
			Week 1 Total	32		
5-18-26	7	2		7		
5-19-26	7	2		7		
5-20-26	7	2		7		
5-21-26	6	2		8		
5-22-26	6	2		8		
			Week 2 Total	37		
TOTAL HOURS				69		

Print Employee Name

Employee Signature

Certification of Hours:

Approved for Payment:

Superintendent or Business Administrator

Date:

Date:

Date:

5-22-2026

5-26-26

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				
5-11	6	2		8	elem	cook/ft
12	6	2		8		
13	6	2		8		
14	6	2		8		
15	6	2		8		
			Week 1 Total	40		
5-18	6	2		8		
19	6	2		8		
20	6	2		8		
21	6	2		8		
22	6	2		8		
			Week 2 Total	40		
TOTAL HOURS				80		

Print Employee Name

Employee Signature

Certification of Hours

Approved for Payment

Date:

Date:

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				
5/11/26	6:00	2:00		8	EC.	Cafe worker
5/12/26	6:00	2:00		8	"	" "
5/13/26	6:00	2:00		8	"	" "
5/14/26	6:00	2:00		8	"	" "
5/15/26	6:00	2:00		8	"	" "
			Week 1 Total	40		
5/18/26	6:00	2:00		8	EC.	Cafe worker
5/19/26	6:00	2:00		8	"	" "
5/20/26	6:00	11:30		7.5	"	" "
5/21/26				7	"	" "
5/22/26				7	"	" "
			Week 2 Total	21.5	37	
				101.5	(97)	

Print Employee

Employee Sig

Certification of

Approved for Payment:

Superintendent or Business Administrator

Date:

Date:

Date: