INDIVIDUAL TIME REPORT
Highly Gifted Mentors
Lincoln Public Schools
Lincoln, Nebraska

Name_____ Social Security No._____Location_____

Job Code-Mentor Account No. 01.1310.11162. .002 Payroll Period_____ to _____

Date																																				**Total Hours**
Students	**M**	**T**	**W**	**T**	**F**	**S**	**S**	**M**	**T**	**W**	**T**	**F**	**S**	**S**	**M**	**T**	**W**	**T**	**F**	**S**	**S**	**M**	**T**	**W**	**T**	**F**	**S**	**S**	**M**	**T**	**W**	**T**	**F**	**S**	**S**	
Total Hrs.																																				

I certify the above time report is complete and true.

_____ _____

Employee's signature **Supervisor's signature**