Reset Form

Print

INDEPENDENT SCHOOL DISTRICT 196
Rosemount, Minnesota
Educating our students to reach their full potential

MUST BE COMPLETED IN RED OR BLACK INK

Series Number **401P** Adopted **July 1993** Revised **May 2006**

Title **Employee Timesheet**

Employee Name ______________________ Employee Number ______________
(Last) (First) (Middle Initial)
(Please print name as it appears on social security card)

Building and/or Dept. ______________________ Date ______________

★★

Expenditure code MUST be filled in by building and/or department

FUND	ORG	PRG	FIN	OBJ	CRS

Hours Worked ______________ Rate ______________

______________ ______________

★★

Date Worked	Description of Work Activity	Number of Hours Worked
	Total hours worked	**0.00**

I certify that I worked the hours as indicated above.

____
Employee signature

Approval:
Supervisor ______________________

Principal or Administrator ______________________

REC'D ______________________ PAID ______________________

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