

Quincy School District Monthly Timesheet
For Food Service Personnel Only

Name: _____ Position: _____ Loc: _____ Pay Period: _____

EMPLOYEE					SUPERVISOR			
Date	Start Time	Lunch In	Lunch Out	End Time	Regular Hours	Additional Hours	Total Hours	Reason for Additional Time or Person Substituted For
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								

Employee Signature _____

Date: _____

Supervisor Signature _____

Date: _____

PAYROLL:

SUPERVISOR:

Hourly/Pay Rate	x	Total Hours	=	Amount Owed	Funding Source	%'s
_____	x	_____	=	_____	_____	_____
_____	x	_____	=	_____	_____	_____
_____	x	_____	=	_____	_____	_____

