

Bourne Public Schools

36 Sandwich Road
Bourne, MA 02532
Phone 508-759-0660 Fax 508-759-1107

TIME SHEET

This timesheet should be completed and signed by you and your supervisor before it is submitted to Central Office for processing.

Employee Name: _____ Title: _____

Assignment: _____

Date	Start Time	End Time	Specific Work Performed	Regular Hrs.	Overtime Hrs. if applicable	Total Hrs.
Weekly Totals						

Total Number of Hours: _____ x \$ _____ /hour = \$ _____

Employee signature: _____ Date: _____

Supervisor signature: _____ Date: _____

Account Number: _____