

## ALLEN EAST LOCAL SCHOOLS EMPLOYEE TIME SHEET

Employee Name: \_\_\_\_\_

Last 4 Digits of SSN: \_\_\_\_\_

Week Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

**DEPARTMENT:**

\_\_\_\_\_ HIGH SCHOOL  
 \_\_\_\_\_ MIDDLE SCHOOL  
 \_\_\_\_\_ ELEMENTARY  
 \_\_\_\_\_ PRESCHOOL

\_\_\_\_\_ CAFETERIA  
 \_\_\_\_\_ TRANSPORTATION  
 \_\_\_\_\_ CUSTODIAL  
 \_\_\_\_\_ BOARD OF EDUCATION

Day	Date	Substitute For/ Description	Morning		Afternoon		Total Hours
			In	Out	In	Out	
Sun							
Mon							
Tues							
Wed							
Thurs							
Fri							
Sat							
<b>Weekly Total</b>							

*After approval for payment, the Treasurer will make payment with the next bi-weekly pay cycle.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Treasurer Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY!**

Total Days/Hours: \_\_\_\_\_ Rate: \_\_\_\_\_ Total Pay: \_\_\_\_\_