MOUNT GILEAD SCHOOLS
TIMESHEET

NAME_____ **PROJECT** _____

POSITION_____ **BUILDING** _____

DATE	TYPE OF WORK	Time In/Lunch/Time Out	TOTAL HOURS (DO NOT INCLUDE LUNCH)
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

TOTAL HOURS _____
@ = $

* **Please follow payroll schedule**

Date _____

Employee Signature_____

Approved_____

OFFICE USE ONLY

Pay Account _____

Number of Days_____