STEILACOOM HISTORICAL SCHOOL DISTRICT NO. 1
School: _____

ASB TIME SHEET

Name of Employee: _____ Month/Year: _____

Phone Number: _____ _____

Are you: Sub (paid mid-month) _____ Contracted (paid end of month) _____

The pay period will be through the 31st of each month. Please have time sheets to the ASB Student Accounts Office no later than the last day of each month to be paid on your next pay date. You must fill out a separate time sheet for each month.

It is the responsibility of each employee to sign and turn in their time sheet on or before the last day of each month. Failure to do so will result in the delay of payment to the next pay date.

Date	Activity Name & Description of Work	Regular Hrs.	Overtime Hrs.	*For Office Use* ASB Account Code
	Total Hours:			
	Rate of Pay (normal ASB rate=$11.00):	$	$	
	Total Wages (total hours x rate):	$	$	

_____ _____
Employee's Signature Administrator's Signature

GF Account # _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _