



TIME SHEET

PLEASE PRINT CLEARLY

POSITION:

NAME:

SUBSTITUTE: YES _____ NO

SCHOOL:

SUPERVISOR:

DUTY PERFORMED:

DATE	START TIME	END TIME	REGULAR HRS	OVERTIME HRS	TOTAL HRS

WEEK ONE

DATE	START TIME	END TIME	REGULAR HRS	OVERTIME HRS	TOTAL HRS

WEEK TWO

TIME SHEET TOTAL:

EMPLOYEE SIGNATURE:

DATE:

SUPERVISOR SIGNATURE:

DATE: