Employee Name: _____ Approved:

Please print full name

_____

Supervisor

Last 4 digits of Social Security Number _____

_____ _____

Employee Signature Budget Manager

North St. Paul – Maplewood – Oakdale Schools

Regular and Casual

Bloodborne Pathogens Training TIME SHEET

DATE	TIME IN	TIME OUT	TIME LUNCH	Job Title/Classification WORK SITE	TOTAL HOURS WORKED	HOURLY RATE	TIME OFF HOURS
					0.5		

Name: _____

Please check if time sheet includes TIME OFF

PAYROLL DEPARTMENT USE ONLY

PM	Units	Gross
_____	_____	_____
_____	_____	_____
_____	_____	_____

ACCOUNT CODE

Total hours 0.5

01 /E/ 005 / 605 / 769 / 000 / 186 BLOODBORNE PATHOGENS TRAINING

_____/E/_____/_____/_____/_____/_____/_____

_____/E/_____/_____/_____/_____/_____/_____

Revised 8-14-2022