

BELLEFONTAINE CITY SCHOOLS  
TIME SHEET

Name: \_\_\_\_\_ Building: \_\_\_\_\_

Last Four Digits of Social Security Number: \_\_\_\_\_

Full Time: Teacher \_\_\_ Secretary \_\_\_ Bus Driver \_\_\_ Cook \_\_\_ Custodian \_\_\_ Aide \_\_\_ Maintenance \_\_\_

Substitute: Bus Driver \_\_\_ Cook \_\_\_ Custodian \_\_\_ Aide \_\_\_ Secretary \_\_\_ Monitor \_\_\_ Maintenance \_\_\_

**Timesheets must be submitted to Administrator/Supervisor by Friday of each week. Please round to the nearest .25 hour.**  
**Timesheet must be complete for payment.**

<u>Date Worked</u>	<u>Start Time</u>	<u>End Time</u>	<u>Total Hours</u>	<u>Work Completed (Subbed For)</u>
_____	_____ AM	_____ AM	_____	_____
_____	_____ PM	_____ PM	_____	_____
_____	_____ AM	_____ AM	_____	_____
_____	_____ PM	_____ PM	_____	_____
_____	_____ AM	_____ AM	_____	_____
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_____	_____ AM	_____ AM	_____	_____
_____	_____ PM	_____ PM	_____	_____
_____	_____ AM	_____ AM	_____	_____
_____	_____ PM	_____ PM	_____	_____

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_ Administrative Approval \_\_\_\_\_ Date \_\_\_\_\_

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\_\_\_\_\_  
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