SCHUYLKILL INTERMEDIATE UNIT #29 / SCHUYLKILL TECHNOLOGY CENTER
HOURLY TIME SHEET

Check One

_____ **TEACHER**
_____ **AIDE**
_____ **OTHER** _____

EMPLOYEE NAME: _____

POSITION; **SUBSTITUTE** _____

WORK DATES	*TIME STARTED*	*TIME FINISHED*	*REGULAR HOURS*	**SUBBING FOR:** *Person/Building*

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

EMPLOYEE SIGNATURE _____ **DATE:** _____

SUPERVISOR SIGNATURE _____ **DATE:** _____

BUSINESS OFFICE ONLY

Account Number	Regular Hours	X	Hourly Rate	=	$ - Regular Pay
Account Number	Overtime Hours	X	Hourly Rate	=	$ - Regular Pay
Account Number	Regular Hours	X	Hourly Rate	=	$ - Regular Pay
Account Number	Overtime Hours	X	Hourly Rate	=	$ - Regular Pay

Date of Payment: _____