

UPPER MERION AREA SCHOOL DISTRICT

Staff Nurse

Send the completed timesheet to the Payroll Department, Administration Building, at the end of each week. Have it approved by your immediate supervisor.

Name (Print) _____ Employee Number _____

Building _____ Week ending _____

		Regular Hours		Overtime		Total Hours
Day	Date	Start	Stop	Start	Stop	
Mon						
Tue						
Wed						
Thur						
Fri						
Sat						
Sun						
Weekly Totals						

Days absent _____ Reason _____

Explanation of overtime _____

Supervisor's Signature
Form #1045

Employee Signature Date

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