CONNEAUT SCHOOL DISTRICT TIMESHEET

Badge #

Name:

Loss of Plan

SY 25-26

Building	Date	Start Time	End Time	Hours	Who did you cover for? Enter First & Last Name
			Total Hours		
			Rate	$ 35.00	
			Gross Pay		

Employee Signature _____

Supervisor Signature _____

Payroll will enter this #

Budget Code: 10.___ ___ ___ ___122.000.___ ___.___ ___ ___ . 90

Revised 7/21/2025