BI-WEEKLY TIMESHEET

Region 14 School District

EMPLOYEE:	
POSITION:	**Substitute Custodian**

DAY	DATE MM/DD/YY	TIME IN	TIME OUT	TOTAL HOURS	Work Location
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
			Total Hours		

DAY	DATE MM/DD/YY	TIME IN	TIME OUT	TOTAL HOURS	Work Location
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
			Total Hours		

Total Number of Hours Worked	

Employee Signature _____ Date _____

Principal/Supervisor Signature _____ Date _____