

STAFF TIMESHEET

NAME: _____ CODE: _____

Due by the 1st of each month to the Board Office.

Job Title: _____

MONTH _____	TIME IN	TIME OUT	HOURS WORKED	REMARKS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

Total hrs. worked _____ x \$ _____ per hr = Total earned \$ _____

EMPLOYEE SIGNATURE _____ **DATE** _____

ADMINISTRATOR
SIGNATURE _____ DATE _____