

Blank Timesheet for New Hires

PERIOD ENDING DATE _____ (15TH OR THE LAST DAY OF THE MONTH)

Name _____ (Print Name)
 Employee # _____ or Social Security # _____

WK 1 DATES						
	MON.	TUES.	WED.	THURS.	FRI.	WEEK TOTAL
INDICATE HOURS —>						
WK 2 DATES						
	MON.	TUES.	WED.	THURS.	FRI.	WEEK TOTAL
INDICATE HOURS —>						
WK 3 DATES						
	MON.	TUES.	WED.	THURS.	FRI.	WEEK TOTAL
INDICATE HOURS —>						

IMPORTANT !!!

Please list job completed & check box if new full time employee

School location of job _____

FINANCE USE ONLY

PC _____ HRS: _____ @ _____ RATE

Employee Signature
 unsigned timesheets will be returned

Supervisor's Signature

Principal's Signature
 01/08