Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pay period start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pay period end date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **DATE** | **START TIME** | **END TIME** | **ASSIGNMENT** | **TOTAL HOURS** |
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| Total Hours | | | |  |

I certify the above is a correct statement of the hours worked this period.

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Employee Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Administrator Signature Date

PLEASE SUBMIT TIME SHEETS ON THE 16TH AND 30TH OF EACH MONTH – THANK YOU

1st – 15th Hours to be compensated with 2nd payroll of the month

16th – end of month hours to be compensated with 1st payroll of the month

|  |  |
| --- | --- |
| **FOR PAYROLL DEPARTMENT** | |
| Account # |  |
| Account # |  |
| Account # |  |