

FRANKLIN BOROUGH BOARD OF EDUCATION

Time Sheet

Employee Name: _____

Pay period start date: _____

Pay period end date: _____

DATE	START TIME	END TIME	ASSIGNMENT	TOTAL HOURS
Total Hours				

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

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 #	