

**School District 102
Non-Certified
Weekly Employee Timesheet**

Name _____
Last
First

School _____

DAY	DATE	TASK PERFORMED	START TIME	END TIME	HOURS
Sun	/ /				
Mon	/ /				
Tues	/ /				
Wed	/ /				
Thurs	/ /				
Fri	/ /				
Sat	/ /				
				Total	

Note: Please indicate above any sick, personal or vacation days taken during the week.

Signature of Employee

Approved by

Date Submitted

(Please submit goldenrod colored timesheet to your building secretary each week- no later than the following Monday morning.)