



Winchendon Public Schools Time Sheet



Name: _____ Date: _____
 Address: _____

Description: _____
 Hourly Rate: _____ Total Hours: _____
 Amount: \$ _____
 Employee Signature: _____

Dates	Time	Hours
Dates	Time	Hours

Account Line Item Number	Account Line Item Description
Director/Principal Signature	Date
Business Manager Signature	Date
Superintendent Signature	Date

****Please attach all supporting documents**