

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

Month / Year: \_\_\_\_\_

Please complete this timesheet **daily**. On the last working day of each month, please sign the timesheet and submit it for approval. If submitted on the last working day of the month, payment will be received by the employee on the 15th of the

following month. Any additional working hours **MUST** have prior authorization by the Superintendent.

Item #	Date	Start Time	End Time	Total Hours Worked	Check One		Name of Person Substituted for and/or Explanation
					Paid	Comp Time	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
18							
<b>TOTAL HOURS FOR THE MONTH:</b>				0			

I hereby certify that this is a true record for the month stated

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Date submitted/received: \_\_\_\_\_ Date sent to AB: \_\_\_\_\_