



ST CLAIRSVILLE-RICHLAND CITY SCHOOL DISTRICT TIMESHEET



Employee Name: _____ Position Worked: _____

Date	Start Time	End Time	Hours/Minutes	Work Performed
Example: 8-17-13	7:00 a.m.	12:15 p.m.	5 hrs 15 min.	Custodial work at High School
Notes:	Total Hrs/Min.		Rate of Pay	Amount Due

By signing this form, you agree that the information recorded is accurate.

Employee Signature: _____

Supervisor/Principal Signature: _____

Superintendent Signature: _____

*** Office Use Only ***

Account Charged:
