MILAN C-2 SCHOOL DISTRICT

NON-FACULTY TIME SHEET

EMPLOYEE NAME: _____

DATES: _____

DATE	TIME IN	TIME OUT	DESCRIPTION OF TIME	TOTAL HOURS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

ACCOUNT CODE: _____ **TOTAL HOURS FOR PAY:** _____

EMPLOYEE SIGNATURE: _____**DATE:** _____

SUPERVISOR'S SIGNATURE: _____**DATE:** _____

*****TIME SHEET MUST BE TURNED IN ACCORDING TO THE BOOKKEEPER'S CALENDAR*****