

TIMESHEET

Substitutes/Overtime/Hourly and Per Diem Compensation

APPROVED BY: _____

DATE: _____

PAY PERIOD ENDING _____

DATE DUE IN THE BUSINESS OFFICE _____

	FULL NAME	DAY/DATE WORKED	START TIME	END TIME	NO. OF HOURS (Less lunch/ break times)	BUILDING/POSITION	REASON	RATE	TOTAL
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
			TOTALS						

This section to be completed by Business Office Personnel

Account No. _____

Date Paid _____

Amount Paid _____