

# WASHINGTON NORTHEAST SUPERVISORY UNION

Cabot \_\_\_\_\_ Twinfield \_\_\_\_\_ SU \_\_\_\_\_

## TIMESHEET

Teachers, Paraeducators, Custodian, Food Service & Substitutes  
Extra time/ overtime requires prior approval by administration

Name: \_\_\_\_\_

	<u>Date</u>	<u>Start Time</u>	<u>End Time</u>	<u>Total</u>	<u>Type of Leave/ Comments</u>	<u>Sub Initials</u>
<b>Sunday</b>	_____	_____	_____	_____	_____	_____
<b>Monday</b>	_____	_____	_____	_____	_____	_____
<b>Tuesday</b>	_____	_____	_____	_____	_____	_____
<b>Wednesday</b>	_____	_____	_____	_____	_____	_____
<b>Thursday</b>	_____	_____	_____	_____	_____	_____
<b>Friday</b>	_____	_____	_____	_____	_____	_____
<b>Saturday</b>	_____	_____	_____	_____	_____	_____
			Total:	_____		

	<u>Date</u>	<u>Start Time</u>	<u>End Time</u>	<u>Total</u>	<u>Type of Leave/ Comments</u>	<u>Sub Initials</u>
<b>Sunday</b>	_____	_____	_____	_____	_____	_____
<b>Monday</b>	_____	_____	_____	_____	_____	_____
<b>Tuesday</b>	_____	_____	_____	_____	_____	_____
<b>Wednesday</b>	_____	_____	_____	_____	_____	_____
<b>Thursday</b>	_____	_____	_____	_____	_____	_____
<b>Friday</b>	_____	_____	_____	_____	_____	_____
<b>Saturday</b>	_____	_____	_____	_____	_____	_____
			Total:	_____		

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

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**KEY: S= Sick P= Personal PD= Prof. Development B= Bereavement V= Vacation H= Holiday**