

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>
Sunday	_____	_____	_____	_____	_____	_____
Monday	_____	_____	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____	_____	_____
Thursday	_____	_____	_____	_____	_____	_____
Friday	_____	_____	_____	_____	_____	_____
Saturday	_____	_____	_____	_____	_____	_____
			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>
Sunday	_____	_____	_____	_____	_____	_____
Monday	_____	_____	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____	_____	_____
Thursday	_____	_____	_____	_____	_____	_____
Friday	_____	_____	_____	_____	_____	_____
Saturday	_____	_____	_____	_____	_____	_____
			Total:	_____		

Employee Signature: _____ Date: _____

Principal Signature: _____ Date: _____

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