SARANAC CENTRAL SCHOOL
P.O. BOX 8
CLINTON COUNTY
SARANAC, NY 12981 Phone: 565-5605

Timesheet – Teacher / Hourly Employee

NAME: _____Account Code: _____

ASSIGNMENT: _____Building:_____

DATE WORKED	START TIME	END TIME	# HOURS PER DAY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	TOTAL HOURS		_____

Indicate number of hours worked each day.

I certify that I have worked as stated above_____ _____
                                              Employee's Signature   **Date**

I agree with the accuracy of the employee's information shown above:

_____   _____   _____
Print Name (Administrator/Supervisor)   **Initials**   **Date**

Time sheets must be submitted to your Administrator/Supervisor in accordance with the payroll schedule or you will not be paid until the subsequent payroll.