

SARANAC CENTRAL SCHOOL

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

TIME SHEET – HOURLY CSEA EMPLOYEE

NAME: _____

ASSIGNMENT: _____ BUILDING: _____

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

Indicate number of hours worked each day or *S*-sick *F*-family *P*-personal *V*-vacation *R*-school recess
H-holiday *J*-jury duty

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.*