TIME SHEET

VAN BUREN LOCAL SCHOOL

PAY PERIOD ENDING: _____

NAME: _____ SS#: _____

DATE	DEPARTMENT (LIST REGULAR DEPARTMENT UNLESS YOU WORKED FOR A SPECIAL EVENT AND THEN INSTEAD PUT SPECIAL EVENT NAME)	REGULAR				Total Hours	Office use only
		IN	OUT	IN	OUT		

Did you sub in any other position during this time frame? _____ YES _____ NO

**IF YES - PLEASE LIST WHAT POSITION AND HOURS ON BACK OF THIS SHEET.

OVERTIME:

DATE	DEPARTMENT/REASON	Regular				Total Hours	Office only
		IN	OUT	IN	OUT		

Employee Signature

Supervisor Signature

**TIMESHEETS MUST BE RECEIVED BY PAYROLL BEFORE 10:00 AM THE MONDAY OF PAY WEEK IN ORDER TO BE INCLUDED IN THAT PAY.

NOTE: ANY CHANGES TO THIS FORM MUST BE SIGNED BY BOTH THE EMPLOYEE AND THE SUPERVISOR AND/OR TREASURER.