

TIME SHEET

VAN BUREN LOCAL SCHOOLS

NAME: _____

PAY DATE: _____

DATE	POSITION	TIME				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 POSITION AND HOURS ON THE BACK OF THIS SHEET.**

OVERTIME:

DATE	POSITION/REASON	TIME				Total Hours	Office use only
		IN	OUT	IN	OUT		

Employee Signature

Supervisor Signature

****TIME SHEETS 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.**

SUBSTITUTE WORK ONLY

DATE	POSITION (ALSO LIST THE EMPLOYEE THAT YOU SUBSTITUTED FOR)	DURING YOUR REGULAR WORK	TIME				Total Hours	Office use only
			IN	OUT	IN	OUT		
		Circle one: YES NO						
		YES NO						
		YES NO						
		YES NO						
		YES NO						
		YES NO						
		YES NO						
		YES NO						
		YES NO						
		YES NO						
		YES NO						
		YES NO						

Employee Signature

Supervisor Signature

****TIME SHEETS 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.**