

**HARRISON BOARD OF EDUCATION
HOURLY TIME SHEET**

Pay Period Ended: _____

Employee Name: _____

Program: _____

I certify that I have worked on the above referenced program as follows:

	Week #1				Week #2				Week #3			
	Date	Time In	Time Out	Total Hours	Date	Time In	Time Out	Total Hours	Date	Time In	Time Out	Total Hours
SUN												
MON												
TUE												
WED												
THU												
FRI												
SAT												
	Total Hrs Week #1				Total Hrs Week #2				Total Hrs Week #3			

TOTAL # OF HOURS FOR THIS TIMESHEET.....

This section Board Office use only

TOTAL # of HOURS _____

RATE \$ _____

TOTAL TO BE PAID \$ _____

Account # to be charged _____

Approvals: _____

Employee Signature _____

Supervisor Signature _____

Date _____

Superintendent's Office Signature _____