CONNEAUT SCHOOL DISTRICT
TIME SHEET

EMPLOYEE'S NAME_____ **DEPT**_____

Building	Date	Starting Time	Ending Time	Regular Hours	Overtime Hours	Comments
			TOTAL HOURS			
			RATE			
			GROSS PAY			

Employee Signature_____

Supervisor's Signature_____

If this is in addition to your regular work week, who authorized these hours?_____

Budget Code:_____

Approved_____

Not Approved_____