

Corning Union Elementary School District

TIME SHEET

NAME: _____

Date: _____

Reason Worked:

(Start Date - End Date)

	Date	In	Out	In	Out	Total Hrs	Assignment/Sub for?/Site
Sun.							
Mon.							
Tues.							
Wed.							
Thur.							
Fri.							
Sat.							

	Date	In	Out	In	Out	Total Hrs	Assignment/Sub for?/Site
Sun.							
Mon.							
Tues.							
Wed.							
Thur.							
Fri.							
Sat.							

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Thur.							
Fri.							
Sat.							

Acct. Code # _____

District Office Use Only- 10/11/18 sf

***NOTE: Timesheet Cutoff Dates:**

LAST WORKING DAY OF EACH MONTH to be paid the following month.

Substitutes - will be paid on the 10th. Regular Employees - Last work day.

Employee Signature: _____

Supervisor Signature: _____ Date _____

Regular Work Schedule (for regular employees only)

In	Out	In	Out	Total Hrs	
					Mon.
In	Out	In	Out	Total Hrs	
					Tues-Fri

Reminders:

Please be sure to list the reason for your extra duty/overtime

If working more than 6 hours, a 30 minute lunch is required

Timesheets are due the last working day of the month

Timesheets must be signed by your supervisor before they are turned in