



EXEMPT EMPLOYEE TIMESHEET

EMPLOYEE NAME:

EMPLOYEE #:

DEPARTMENT:

JOB PERFORMED:

PER SALARY SCHEDULE

RATE OF PAY:

PER SALARY SCHEDULE

GL ACCOUNT:

LOCATION:

	SUN	MON	TUES	WED	THUR	FRI	SAT	TOTAL
Date Worked								
Hours Worked								

	SUN	MON	TUES	WED	THUR	FRI	SAT	TOTAL
Date Worked								
Hours Worked								

	SUN	MON	TUES	WED	THUR	FRI	SAT	TOTAL
Date Worked								
Hours Worked								

	SUN	MON	TUES	WED	THUR	FRI	SAT	TOTAL
Date Worked								
Hours Worked								

	SUN	MON	TUES	WED	THUR	FRI	SAT	TOTAL
Date Worked								
Hours Worked								

Total hours on timesheet:	
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EMPLOYEE SIGNATURE:	DATE:
SUPERVISOR SIGNATURE:	DATE:

**job performed and rate of pay must be on the Board of Education approved salary schedule*