

# TIME SHEET FOR SCHOOL SERVICES

## MADISON BOARD OF EDUCATION

Employee: \_\_\_\_\_

Pay period start date: \_\_\_\_\_

Please check:

Pay period end date: \_\_\_\_\_

Custodian       Secretary

Teacher       Other       Bedside       Building / Grounds

Location: \_\_\_\_\_

Employee phone: \_\_\_\_\_

Principal name: \_\_\_\_\_

Employee e-mail: \_\_\_\_\_

If substitute for whom did you work?

Day	Date	Beginning Hours	Ending Hours	Total Hours	Reason
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
	Total Hours				
	Rate Per Hour				
	Total Pay				

\_\_\_\_\_  
**Employee Signature** **Date**

\_\_\_\_\_  
**Principal Signature** **Date**

\_\_\_\_\_  
**Head Custodian Signature** **Date**

\_\_\_\_\_  
**B & G Signature** **Date**

**To be completed by the Payroll Department**

Number of Hours \_\_\_\_\_ @ \_\_\_\_\_ Per Hours= \$ \_\_\_\_\_

Number of Hours \_\_\_\_\_ @ \_\_\_\_\_ Per Hours= \$ \_\_\_\_\_