

**EAST ROCHESTER SCHOOLS
TIME SHEET**

EMPLOYEE NAME _____

POSITION : Maintenance/Clerical/School Aide/Teacher Aide/Food Service/Student/
Other (please indicate)_____

If a “substitute”, please indicate _____ (x)

If Overtime, please indicate _____(x)

DAY	DATE	#HOURS	Job and/or Person Subbing For
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
_____	_____	_____	_____
FRIDAY			

TOTAL HOURS _____

Employee Signature _____ Supervisor Signature _____

Please enter # of hours to the nearest *quarter* hour. Only **COMPLETED** work days can be entered on the time sheet. Indicate days that are “holidays”, “sick”, “personal”, “snow day”, etc. **Be sure to TOTAL your hours.** Make a copy of the time sheet for your records