

CORNING UNION HIGH SCHOOL DISTRICT

CLASSIFIED TIME SHEET

Time sheets are to be signed by your supervisor and turned into the District Office the last day of the month.

Month/Year: _____

Name: _____

SSN# (Last 4): _____

Site/Dept: _____

Position: _____

Schedule: _____ Lunch: _____

Contracted Hours per day: _____

Date	In	Out	In	Out	Total Hours Worked
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

Date	In	Out	In	Out	Total Hours Worked
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
TOTAL HOURS FOR THE MONTH					

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

For Office Use Only				
Add-On	Hours	Rate	Total	Account Code
Add-On	Hours	Rate	Total	Account Code
Add-On	Hours	Rate	Total	Account Code
Add-On	Hours	Rate	Total	Account Code
Total Paid:				_____