

**UNION LOCAL SCHOOL DISTRICT
CLASSIFIED**

NAME: _____ SOCIAL SECURITY NO. _____
 BUILDING: _____ POSITION: _____

DAY	DATE	START TIME	LUNCH		STOP TIME	TOTAL HOURS	MISC. REMARKS
			IN	OUT			
SAT							
SUN							
MON							
TUES							
WED							
THUR							
FRI							
SAT							
SUN							
MON							
TUES							
WED							
THUR							
FRI							

I hereby certify that this timesheet is a true and accurate statement of the actual hours worked on each of the above listed dates.

EMPLOYEE SIGNATURE: _____ DATE: _____

I hereby certify that this timesheet is a true and accurate statement of the actual hours worked by the employee to the best of my knowledge and belief.

SUPERVISOR SIGNATURE: _____ DATE: _____

*Falsification of this timesheet may be grounds for dismissal. Timesheets **MUST** be filled out by the employee and signed by the employee and supervisor.*

Treasurer's Office					
	Regular	Overtime	Extra Time	Account Code	
Job 1					
Job 2					
Job 3					