WEST CENTRAL EDUCATION DISTRICT
EMPLOYEE TIMESHEET

NAME: ____ **POSITION:** ________________________________

PROGRAM: _________________________________ **(SUB FOR:** ____________________________________**)**

PAY PERIOD: ____________________ **to** ______________________ **RATE OF PAY:** ________________**/Day** **/Hour**

DATE	START TIME	LUNCH BEGINS	LUNCH ENDS	END TIME	Regular HOURS	SICK LEAVE	PERSONAL LEAVE	HOLIDAY HOURS	VACATION HOURS	UNPAID HOURS	TOTAL HOURS
										TOTAL HOURS WORKED	

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EMPLOYEE SIGNATURE **DATE**

Round to the nearest quarter hour on a daily basis*

____ ____

SUPERVISOR SIGNATURE **DATE** **DIRECTOR SIGNATURE** **DATE**

Payroll Code: ____________________________________

I hereby certify that the above claim is true and accurate.