WEST CENTRAL EDUCATION DISTRICT
EMPLOYEE TIMESHEET

NAME: _____**POSITION**: _____

PROGRAM: _____ **(SUB FOR**: _____**)**
/Day

PAY PERIOD: _____ **to** _____ **RATE OF PAY**: _____**/Hour**

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

_____
EMPLOYEE SIGNATURE **DATE**

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

***Round to the nearest quarter hour on a daily basis.**

Payroll Code: _____