EMPLOYEE TIME SHEET
ST. JOHNSBURY SCHOOL DISTRICT

Employee's Name: _____

PLEASE NOTE: To receive payment for extra hours reported on this time sheet, you must attach a "Pre-authorization form" properly signed by an administrator authorizing you to work additional hours IN ADVANCE of actually working those hours.

DATE	PURPOSE	BEGINNING TIME	ENDING TIME	TOTAL HOURS WORKED
TOTAL HOURS WORKED				

_____	X	_____	=	_____	
Approved Hours	Times	Hourly Rate	Equals	Amount Due	Posted

_____ _____

Supervisor's Signature Date