ZANESVILLE CITY SCHOOLS - TIME SHEET

Employee Name: _____

Payroll Only

Pay Date:_____

Sub Time/Extra Time:_____

Ending Date:_____

#Days/#Hours:_____

Date	Building	Description of Work	Sub For	Time In	Time Out	Total Hours	Amount

Employee's Signature: _____   Date:_____

Supervisor/Principal: _____   Date:_____

Superintendent/Director:_____   Date:_____

Turn in completed timesheet into Supervisor, no later than 2 day after the end of the pay period ONLY form that will be accepted