

# Fairfield Local Schools Cafeteria Time Sheet

Employee Name: \_\_\_\_\_

Pay Period Ending: \_\_\_\_\_

Pay Date: \_\_\_\_\_

"X" one of the boxes below.

Regular Cook

OR

Substitute Cook

DAY	Date	Start	Stop	Total	Working For:
Week #1 of 2	MM/DD/YYYY	Time	Time	Hours	Last Name
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
<b>TOTAL WEEK #1</b>					
Week #2 of 2					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
<b>TOTAL WEEK #2</b>					
<b>GRAND TOTAL</b>					

**THE SIGNATURES BELOW CERTIFY THIS TO BE A TRUE STATEMENT OF THE ACTUAL HOURS WORKED ON THE JOB EACH DAY DURING THE PAY PERIOD. I UNDERSTAND THAT FALSIFICATION OF THIS INFORMATION COULD BE GROUNDS FOR IMMEDIATE DISMISSAL. I have reviewed the Pay Date Calendar information regarding due dates and employee information.**

Required Signatures:

\_\_\_\_\_  
Employee/Date

\_\_\_\_\_  
Supervisor/Date (Signature indicates review and approval)