

Fairfield Local Schools After School Intervention Time Sheet

Employee Name: _____

Pay Period Ending: _____

Pay Date: _____

DAY	Date	Start	Stop	Total
Week #1 of 2	MM/DD/YYYY	Time	Time	Hours
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Week #2 of 2				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Total				

I Certify this to be a true statement of my hours for this pay period.
I understand that falsification of this statement could be grounds for immediate dismissal.

Required
Signatures: _____
Employee

Supervisor/Date