

Bi-Weekly Time Sheet

Employee Name: _____

Position/Title: _____

School: *(Please check one)*

- Brookline Elementary School
- Dover Elementary School
- Jamaica Village School
- Marlboro Elementary School
- Newfane Elementary School

- Townshend Elementary School
- Wardsboro Elementary School
- Windham Elementary School
- Leland & Gray Union High School
- Windham Central Supervisory Union

For the Week of:				
Day	Date	Time In	Time Out	Total Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Total Weekly Hours				

For the Week of:				
Day	Date	Time In	Time Out	Total Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Total Weekly Hours				

I, the undersigned, certify that this is a true and accurate record of my working time for the period mentioned above.

Signature of Employee

Date

APPROVAL:

Signature of Building Principal

Date

FOR OFFICE USE ONLY	
Total Bi-Weekly Hours	
Hourly Rate:	
Gross Pay:	