

South Hadley Public Schools  
Timesheet

Name \_\_\_\_\_ School \_\_\_\_\_ Week ending \_\_\_\_\_  
 Position \_\_\_\_\_

*Timesheets should be submitted only for work beyond base hours and assigned duty times, per annual assignment letter.*

|       | Date  | Time In | Time Out | Total<br>Hrs Worked | Reason |
|-------|-------|---------|----------|---------------------|--------|
| Mon   | _____ | _____   | _____    | _____               | _____  |
| Tues  | _____ | _____   | _____    | _____               | _____  |
| Wed   | _____ | _____   | _____    | _____               | _____  |
| Thurs | _____ | _____   | _____    | _____               | _____  |
| Fri   | _____ | _____   | _____    | _____               | _____  |

TOTAL ADDITIONAL HOURS WORKED: \_\_\_\_\_ X \_\_\_\_\_ /hour = \_\_\_\_\_ TOTAL DUE

Account # to be charged (must be completed): \_\_\_\_\_

Submitted by \_\_\_\_\_ (Employee Signature) Approved by Principal \_\_\_\_\_ Date \_\_\_\_\_

**Notes:**

1. Each employee must sign their own timesheet, and in doing so certifies it as true and accurate.