

**PULASKI ACADEMY & CENTRAL SCHOOL DISTRICT
TIME SHEET**

Supervisor's Signature _____

Employee's Signature _____

Two Week Pay Period Ending: _____

Employee's Name (PRINTED) _____

For Payroll Date: _____

Employee's Position _____

2019-2020

School Year

SUBSTITUTING :							
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Dates →							
A.M - IN							
A.M. - OUT							
P.M.- IN							
P.M. - OUT							
No. Hours							

Weekly No. Hours Worked: _____

SUBSTITUTING :							
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Dates →							
A.M - IN							
A.M. - OUT							
P.M.- IN							
P.M. - OUT							
No. Hours							

Weekly No. Hours Worked: _____

Total Hours Worked/Paid - Two Week Period: