

**PULASKI ACADEMY & CENTRAL SCHOOL
TIME SHEET**

Supervisor's Signature _____

Employee's Signature _____

Two Week Pay Period Ending: _____

Employee's Name (PRINTED) _____

For Payroll Date: _____

Employee's Position _____

2024-2025

School Year

I hereby certify that for the pay period of _____ through _____ that _____% of my time was spent on:				
90%	Reserve	Title IIA	Summer H/C	

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: