

MOHAWK LOCAL SCHOOLS
EMPLOYEE TIME SHEET

TOTAL HOURS _____

RATE OF PAY \$ _____

GROSS PAY \$ _____

EMPLOYEE NAME: _____

EMPLOYEE STREET ADDRESS: _____

CITY: _____

SOCIAL SECURITY NUMBER: _____
REQUIRED

WEEK # 1	MM/DD/YY	SUBSTITUTING FOR: (NAME)	STARTED	FINISHED	TOTAL HR.
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
TOTAL					

WEEK # 2	MM/DD/YY	SUBSTITUTING FOR: (NAME)	STARTED	FINISHED	TOTAL HR.
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
TOTAL					

SUPERVISOR'S SIGNATURE

EMPLOYEE'S SIGNATURE