

MOHAWK LOCAL SCHOOLS STAFF TIME SHEET

TOTAL HOURS _____

RATE OF PAY \$ _____ BUILDING _____

GROSS PAY \$ _____

EMPLOYEE NAME: _____

SOCIAL SECURITY NUMBER: _____

REQUIRED

WEEK # 1	MM/DD/YY	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL HR.
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
					TOTAL	

WEEK # 2	MM/DD/YY	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL HR.
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
					TOTAL	

SUPERVISOR'S SIGNATURE

EMPLOYEE'S SIGNATURE