

SCHOOL DISTRICT OF WAUKESHA TIMESHEET

EMPLOYEE'S NAME _____

Last 4 Social Security Number: _____

School: _____

Date _____

COMPLETED TIMESHEETS MUST INCLUDE:
 Last 4 digits of social security number Account Numbers
 Employee and Authorized Signatures Position Worked
 Daily and Pay Period Hours Totaled

INCOMPLETE TIMESHEETS WILL BE RETURNED

POSITION							POSITION					POSITION					POSITION		
DATE	(A)				TOTAL	(B)				TOTAL	(C)				TOTAL	(D)		COMP	
	FROM	TO	FROM	TO		FROM	TO	FROM	TO		FROM	TO	FROM	TO					
Total Hours _____					Total Hours _____					Total Hours _____					Total Hours _____				
Account Number _____					Account Number _____					Account Number _____					Account Number _____				
Rate Salary _____					Rate Salary _____					Rate Salary _____					Rate Salary _____				
(A)					(B)					(C)					(D)				

EMPLOYEE'S SIGNATURE _____ **PRINCIPAL'S SIGNATURE** _____ **DATE** _____
 THE EMPLOYEE'S REQUIRED SIGNATURE INDICATES THE WORK TIME LISTED HAS BEEN AUTHORIZED BY THE DISTRICT AND COMPLETED BY THE EMPLOYEE.