Mount Vernon School District No 320
Employee Timesheet

Name_____**School/Dept**_____ **Month**_____

ADDITIONAL HOURS				ABSENCES			
Date	Hours	Explanation (be specific)	Rental (X)	Date	Hours	Reason (sick, personal, emergency, vacation, bereavement, unpaid)	Substitute Name (if applicable)
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			
9				9			
10				10			
11				11			
12				12			
13				13			
14				14			
15				15			
16				16			
17				17			
18				18			
19				19			
20				20			
21				21			
22				22			
23				23			
24				24			
25				25			
26				26			
27				27			
28				28			
29				29			
30				30			
31				31			

Total [ ] I certify that the above is an accurate record of the time worked during the period.

Employee Signature _____ **Date** _____/_____/_____

Supervisor Signature _____ **Date** _____/_____/_____

Account Code_____ _____Hours x _____ Hourly Rate = $_____

Account Code_____ _____Hours x _____ Hourly Rate = $_____

Account Code_____ _____Hours x _____ Hourly Rate = $_____

Total Pay = $_____

Original - Payroll Office   Copy - Building/Department   Copy - Employee